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## ORIGINAL ARTICLES.

### LUPUS AND ITS TREATMENT WITH HYDROCO- TYLE ASIATICA.

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I have had in my surgical clinic five well marked cases of *lupus non exedens* in patients who exceeded the fortieth year. I propose to give the treatment that has been eminently successful in all but one case, which, from the general impairment of constitution and extreme old age of the patient, does not promise such good results as I had hoped for, in considering the beautiful cures in the other cases. This latter case is still under treatment, and is the last of the series. The others are cured and have left the clinic for a period of time varying from three to sixteen months.

**Definition.** Under the term *lupus*—a heterogeneous neoplasm of the skin, which consists of a deposit in the corium of "granulation tissue," the elements of which resemble the cells of the Malpighian layer—I shall include all the varieties of this disease, viz.: *lupus non exedens*, the *exedens*, and the *erythematodes*. This term has been vaguely applied to other forms of cutaneous ulceration, which has tended very materially not only to embarrass the nosology of diseases, but to confuse their curative treatment.

*Lupus exedens*, says Helmuth, "first appears in the form of a tubercle on the ala of the nose; it is hard and dusky red; quite sore, the soreness sometimes extending into the nostril." A thick scab first covers the ulcerated spot; this in time falls off and shows the ulcer extending inwards and rapidly destroying the ala, tip, and columna. At this period there seems a respite to its advance inwards, and the spreading is rather on the surface than among the deep lying tissues. This deceptive pause soon yields, however, to a greater erosion than before, and all the structures that lie in its path inwards, whether of bone, muscle, connective, cartilaginous, fibrous, or mucous tissues, melt away before it, presenting a deep, clean-cut excavation, without fester, swelling, or redness, but enveloped in a dark-brown or blackish crust, the surrounding skin being unimplicated to the very margin of the ulcer.

When it attacks a patient of scrofulous habit, the extension of the ulcer is more superficial than deep, and more rapid in its progress, destroying the whole nose in two or three weeks. In the non-scrofulous patient the disease moves on with scarcely any perceptible advance, occupying years in completing its devastation.

Occasionally it is associated with a syphilitic taint, and presents all the evidence of venereal infection.

A very interesting case of the first variety of this disease came under my observation while in joint attendance with Dr. Helmuth\* in the Good Samaritan Hospital, St. Louis, Mo., to which the reader is referred for interesting

details of description and treatment. It is rare in old age, and frequently is seen between the 10th and 30th year.

*Lupus non exedens* is a milder type of the disease, and appears in the shape of a red patch, or a small, soft nodule occupying the nose, face, or chin, which is covered by a fine, brawny, superficial desquamation, or white scales of detached epidermis. It often remains stationary for years, producing a contracted appearance of the skin, with a feeling of stiffness or drawing-in of the features, resembling the cicatrix following a burn. It is covered with a light scaly covering, which, dropping off, shows a reddened, brawny appearance of the integument beneath. In time these patches increase in size and depth, which sometimes undergo fatty degeneration and become absorbed, leaving a superficial or depressed scar, according to the degree of deposit. At other times the ulceration extends superficially, involving the entire thickness of the skin, which is covered with a continuous crust.

*Lupus erythematodes.* This is a peculiar variety of the disease, and unlike the two preceding, in its characteristics. It begins as a small reddish macule in the walls of the sebaceous follicles, and extends to the adjacent structures, and spreads superficially at the periphery while it is healing in the central point. The patches are studded with pearl-colored or grayish points of sebum, which shoot up from the implicated follicles without producing deep ulceration. Upon the subsidence of the disease there appears a thin, shining, depressed cicatrix, showing the atrophic changes going on in the skin.

An acute form of the disease, more common in Germany than elsewhere, according to Hebra and Kaposi, has a large number of these macules scattered over the face, in some cases being confluent, and occasionally involving the trunk and extremities. They are painful and increase with considerable rapidity, and give to the disease the appearance of acuteness. Its leading characteristics are, the primitive macule, the color, the slight brawny scales, the chronic and slow course, and the tendency to scarring. No pain or pruritus, but a slight itching, marks the course of *lupus* in all its varieties.

**Histological elements.** "The *lupus* tubercle consists of an aggregation of small cells, among which larger polynucleated ones, known as 'giant cells,' are sometimes found." In the *lupus exedens*, "the characteristic microscopic feature is the occurrence of sharply defined aggregations of small non-stratified cells, without much or any diffuse cellular infiltration." (Piffard.)

**Etiology.** The proposition is almost universally held in England, France, and Italy, that *lupus* may properly be considered an expression of the scrofulous diathesis. On the contrary, the Vienna school and its adherents oppose the scrofulous participation. Thompson, who is excellent authority on this point, maintains that it is "but the local manifestation of a general disease," a view indorsed by Dr. Piffard, a late writer on the therapeutics of the skin, as well as other dermatologists whose opinions are entitled to great weight.

**Prognosis.** Before any special lesion is concerned, the prognosis of this disease is good, and I believe better

\* See Helmuth's System of Surgery, p. 336.

results have followed homoeopathic treatment than any other known therapeutics. In the early stages of the disease it yields readily to internal and local medication. If it has progressed so far as to produce a lesion of considerable size, the cure will be correspondingly protracted. If it has been neglected and has gone on to involve the deep structures, thereby placing the disease beyond the hope of surgical means, with constitutional impairment which is the rule in these cases, then the prognosis is proportionately doubtful, more from the cachectic condition developed than the extent of the lesion. In two cases I am sure that I have seen epithelioma developed upon the site of an old lupoid ulceration, when all the characters of the disease were changed.

**Treatment.** The treatment of lupus must be considered, first, with reference to the genius of the disease, viz., a constitutional dyscrasia; secondly, to the cure of the local disorder by externally applied medicinal agents. It cannot be doubted that, if the constitutional diathesis presents well pronounced symptoms, our chief reliance must be placed upon those remedies that expend their curative action over those internal and physiological processes most deeply involved in the disease. If, on the other hand, no systemic impairment can be detected, and the lupus shows no evidence of acuteness, the local manifestations being the most prominent indications for treatment, attention to the external lesion will be ordinarily sufficient. It is right here where the higher potencies effect so much good and so frequently bring about a happy issue in these cases, where the best directed efforts of the allopathic physician have most signally failed in effecting a cure.

The remedies which I have employed the most successfully in the *non exedens* and the *erythematodes*, as well as in the early stages of the *exedens*, are *Ars. iod.*, *Calc. iod.*, *Ferr. iod.*, *Kali iod.*, *Merc. iod.*, *Kali bich.*, *Hydrocotyle Asiatic.*, *Silica*.

I have tried most faithfully the remedies proposed by Gilchrist in his Surgical Therapeutics in various potencies, and regret to say the patients were not benefited in the least by either one of the following: *Caut.*, *Staph.*, *Lyc.*, *Conium*, *Baryt.*, *Graph.*, *Phos.*, and *Sulph.* My experience has led me to remark that the iodides and their bases have effected better results with me than either of the preceding remedies, yet I have sometimes been disappointed in their use. Of all the remedies which have given me the most successful results is the *Hydrocotyle Asiatica*, and I can testify my commendation of this remedy which Helmuth has called the attention of the profession to in his recent work on Surgery, and which acquired such "great reputation in the hands of Dr. Boileau, resident in the Mauritius." "Of 57 persons suffering from lupus who were treated by the remedy, in all without exception, the disease was arrested and in a very short time."

I have heard the statement made, I think by Dr. Gilchrist, that *Hydrocotyle* was not curative of lupus; that the relations of the drug pointed to elephantiasis arabum alone. My opinion differs widely from this, and I have the record of three cases to prove its efficacy in lupus, and I am sure the profession can rely upon it with certainty in all cases where constitutional diathesis does not develop a marked indication for treatment.

#### ABSTRACT OF CASES TREATED IN CLINIC AND HOSPITAL THE PAST TWO YEARS.

Case I. Sarah C., et. 36. May 6, 1880. Had ulcer on right side of cheek covered with scab size of half dollar. Has been suffering with the disease more or less for three years. Removal of scab shows the characters of lupus. Sharp stitching pain in part. For the past year growth has ceased till three months ago, when it began to increase sensibly. Diagnosis, *lupus non exedens*. Prescription, *Hydrocotyle As. 6x*, three times a day internally and ten drops in one ounce of water locally. May 12. Feels a little better; parts do not feel so stiff; no pain; C. T. May 12. Reports herself decidedly improved; C.

T. June 10. Scab shows no tendency to return; skin feels a trifle indurated, but shows marked improvement; C. T.; medicine to be given twice a day. June 22. Reports herself perfectly cured. Discharged.

Case II. Mrs. T. Webster. Entered clinic May 18th. History. Seven years ago had small pimple on right side of nose, red and elevated, which ulcerated and spread, and for nearly two years it stopped growing. The size of a silver dollar now, and extending over the skin surface. It began to grow from being overheated, attended with itching. The scabs would grow and fall off, leaving a reddish base. Diagnosis, *lupus non exedens*. Prescription, *Hydrocotyle As. 6x*, three times a day and first dilution of remedy applied locally. June 1. Patient improving; C. T. June 28. Improvement continues; C. T. This case continued the remedy till all was taken, and in consequence of my absence from the city did not see her till my return in October, when she reported herself cured.

Case III. Mrs. P. Entered hospital Nov. 27, 1880. History like the preceding. Gave her *Ars. iod. 6th*, three times a day, and ten drops of *Iodine* in one ounce of water applied externally. In three weeks she returned very little benefited if any. Gave *Ferrum iod. 3d*, twice a day, and the same application locally. Returned in two weeks not improved. Ordered  $\square$  for one week and *Hydrocotyle As. 6th* three times a day for two weeks, and the *Hyd.* externally as in the preceding cases. She reported in three weeks that she felt "a hundred per cent. better;" C. T. To report in three weeks more. Reported cured.

Case IV. J. W. H., et. 70, male. March 22, 1881. Had growth under left eye. Began as a red, elevated pimple in the skin. The physician treated it with escharotics, which resulted in complete ectropion, which was subsequently operated upon and cured. Now has a similar growth on nose. Diagnosis, *Lupus non exedens*. Gave *Hydrocotyle As. 6th*, three times a day, and the external lotion. April 7. Returned with slight improvement. Ordered medicine continued. Have not seen him since and don't know positively the result of treatment.

I shall look at this case with a considerable interest, for I was a little in doubt about the diagnosis, although the previous surgeon expressed himself with great positiveness as to the disease, and pronounced it unhesitatingly the *non exedens* variety of lupus.

It seemed to me that the disease was implicating the skin too deeply; the scab was a little too hard for lupus, and the adjacent skin too much infiltrated for a positive diagnosis of lupus. We shall see soon and report the result.

PARASITES IN PHEASANTS.—M. Meguin (*Le Prog. Med.*) gives the following in regard to the *syngamus trachialis* (TIMES, p. 204):

1. That the eggs in a moist but cold medium preserve their vitality for many years; 2. That the embryos contained in the eggs are developed and hatched, if the temperature of the surrounding medium reached 77° F.; 3. That this development is the more rapid the nearer the surrounding temperature approaches that of the internal temperature of a bird, viz., 104° F.; 4. That the embryos, which have an eel-like form, are able to live in water of ordinary temperature for many days, and even for weeks, without undergoing any noticeable change; 5. That the pheasants become affected by swallowing either the eggs or the embryos contained in their food or drink; or 6, absorbing directly the adult worm loaded with eggs, and which resembles the small earth-worms or the red larvae of the tipulae of which the pheasants are very fond; 7. The larvae of the ants or other insects which serve as food do not contain the embryos of the *syngamus*. 8. Garlic and asafoetida mixed with the food and salicylic acid in the drink are the best agents for destroying the embryo and arresting the disease in question. (T. M. S.)

## SANTOLOGY OF ODORS.\*

BY JOHN S. LINSLEY, M.D., NEW YORK.

Milton's Eden was a "wilderness of sweets" where the "trees wept odorous gums and balm" and "gentle gales fanning their odoriferous wings dispensed native perfumes," to breathe which inspired the heart "with vernal delight and joy."

This association of ideal purity with delicious fragrance in the air of Paradise is in harmony with modern scientific theories of the generation of ozone.

Many eminent chemists hold that all plants whose foliage, flowers or fruit emit fragrant volatile oils or resinous matter, yield ozone by the gradual oxidation of such fragrant particles in the presence of moisture.

It seems very natural that fragrant substances should have been used in all ages of history, either as luxuries, as accessories in religious rites, in embalming the dead, and sometimes as sanitary agents in the presence of disease.

There are scientists who express negative opinions in regard to this theory of vegetable ozone, but the weight of evidence seems conclusive that the deliciously aromatic trees and herbs yield ozone, and also certain compounds of oxygen that are possessed of prophylactic and therapeutic qualities.

Of the ozonic plants our own country possesses numerous native species, some of the most important of which are the *Populus balsamifera*, the Oregon Maple, *Liriodendron*, *Magnolia grandiflora* and *Magnolia glauca*; all of the Conifers; Basswood, Locust, Sassafras, Sweet Gum, Wild Cherry, Choke Cherry, Carolina Allspice, Golden Currant, Spice bush, the Azaleas, Dogwood Swamp Cornel, Clethra, Wild Grape, Trailing Arbutus, Nymphaea odorata, American Wistaria, *Clematis crispa*, Fernleaved Gerardia, Butterfly Orchis, *Cypripedium*, Sweet Goldenrod, Parry's Lily, Washington Lily, Vanilla Blazingstar, *Asclepias cornuti*, Agave, *Pancreatium* and *Eupatorium aromaticum*.

Of the introduced species, some of the most important are Mint, Thyme, Celery, Sweet Vernal Grass and Clover. A great number of exotics like the Carnation, Mignonette, Polyanthus, Narcissus and Hyacinth ought, with the ozonic natives, to be largely cultivated, especially the species that are perennially fragrant and those that bloom in midsummer and autumn.

In our Southern States the Eucalyptus ought to be cultivated wherever possible.

Offensive odors are toxic or the sign of a possible source of toxic germs of disease.

They are found in many plants as *Ailanthus*, *Stramonium* and *Tabacum*; or in the fermentation and decomposition of animal and vegetable substances, as gangrene and ozæna, and various malarial effluvia; and the result of various chemical processes, as Carbolic Acid and Sulphurous Acid.

Not all of the sweet blossomed plants deserve extensive cultivation. Some of them have a very heavy odor and their nectar partakes of the toxic elements of the root or foliage, so that bees sometimes make honey from such plants that is very noxious. The *Gelsemium*, *Catalpa* and *Rhus Venenata* are some native species that have toxic nectar.

For a sense which gives us so much pleasure and enables us to detect the essential qualities of all odorous substances, we ought to be very grateful to an Allwise Providence. This sense can be greatly improved by education.

In a city dwelling where there was a constant odor of sewage, the family suffered much from ill-health. At one time one had a carbuncle, another a felon and another a large abscess. By ventilating the waste pipe and putting in necessary traps, the health of the family was greatly improved.

\* Read before the Homœopathic Medical Society of the County of New York.

In a country village four children recently died from diphtheria in a dwelling which was said to be especially well ventilated. No other cases existed in the village. The fresh air box that supplied the dwelling had a compost heap near its entrance.

In a farmhouse six children died within a period of ten days in December from scarlatina. An absent one escaped. A part of the dwelling had been used during the summer as a cheese factory, taking the milk of several farms. All the slops had been conveniently thrown upon the ground close to the building. Note the effect of closed doors and windows, the frozen ground, and stoves set in operation drawing the products of fermentation from the deeply saturated ground into the dwelling by the cellar.

On a steep mountain side a charcoal burner who dwelt in a cabin contracted typhoid fever. Such an ozonic situation was the last place in the world to look for that form of miasm, but the well educated nose of a physician traced the cause to the ground about the cabin door where the slops from his housekeeping had been poured.

Ozonic fragrance revitalizes the blood and preserves life; toxic odors breed zymotic and malarial fevers and destroy life.

In regard to the use of disinfectants there is an erroneous notion prevalent that it is inexpedient to remove the offending cause, provided that some reputable disinfectant is placed in proximity.

Another error very prevalent because of false teaching is the notion that an abominable stench is the true index of a useful disinfectant, or that one stench must be outsmelled by another stench.

Absolute cleanliness is the first of all deodorizers.

Dry earth and dry coal ashes have important uses as absorbents.

A vessel of roasting coffee seeds carried through apartments where corrupt odors exist is an excellent deodorizer. Thymol is also a deodorizer and disinfectant.

Chlorinated compounds and carbolic acid have important uses in therapeutics and surgery, but they are not to be used as disinfectants, for they are inefficient and very offensive.

Ozone is the universal disinfectant; and whether produced by vegetation, the electric spark and rain-cloud, or the auroral currents of the Arctic zone, it is the one vital element without which all animal life would speedily perish.

Ozone is exhausted most rapidly in the low countries of tropical regions, and in large cities. When deficient, epidemics prevail and the death-rate increases. Madras has a death-rate of about 45 per thousand. Moscow, the largest in Europe, nearly as great.

According to our last census the five unhealthiest cities in the United States are Norfolk, Charleston, Savannah, Vicksburg and Jacksonville. The five healthiest cities are Vallejo, Yonkers, Omaha, Utica and Keokuk. But for the highest degree of healthfulness, we must look to the sparsely settled regions of the hilly and mountainous districts. The State of California has recently selected a site for a consumptive sanitarium on a mountain ridge about twelve miles from Napa, having an altitude of 1,500 feet.

Let us take a glimpse of the effects of ozone upon the health and vigor of races and families of the human species as especially exhibited in the production of great men.

The races that have most strongly influenced the civilization of the world have lived in hilly, well-drained countries where they have practiced an elaborate system of agriculture.

The individuals who have shown the greatest force of character and the largest intellectual powers, as a rule, originate in sparsely peopled districts.

Great cities furnish luxurious living and are the sources of polished manners and culture in the arts; but the exhaustive sources tend to reduce all men to the level of mediocrity.



Far back in the world's history we have an account of the birth of a remarkable child—the consummate flower of a race of shepherds, that for four centuries had been inured to toil and hardship and a life of bondage under a great military monarchy. This child's remarkable beauty being exposed by a novel expedient to the view of the king's daughter, she was pleased to adopt him. He was brought up at the king's countryseat, and highly educated for a place at the court at Heliopolis. At forty years of age he becomes a shepherd in Midian. At eighty he comes from the wilderness to be the emancipator of more than two millions of people, whom he organizes into a nation and becomes the great law-giver, statesman, prophet, poet, historian and sanitologist; Moses, the greatest man of antiquity.

Elijah the greatest of the Hebrew prophets, was a man of the mountain and wilderness. At the threat of the vile queen Jezebel to take his life, we find him in the most discouraging hour of all his tribulations fleeing into the wilderness, and sitting under a juniper tree; lying down and sleeping under a juniper tree.

But of all the great men of the world we are told by Christ himself that there was none greater than John the Baptist, his honored herald. He was a man of the most extreme ozonic type; preaching in the wilderness, he drew a whole nation out of the cities to hear his wondrous voice and burning eloquence.

So if we follow the history of any people we shall find that, all other circumstances being equal, the greatest men exhibit the same law of ozonic quality. And of great men born in cities we find frequently that their immediate or not very remote ancestry exhibited the same great qualities and were of rural origin. Solomon was born in the city of Jerusalem, but his father David, who was a great poet and a king, had been a shepherd in his youth. And Solomon must have spent much time in the wilds, for he was the most learned botanist in the world, and his Song of Songs is redolent with odors from "the mountains of spices;" from "gardens of lilies;" from the "Cedars of Lebanon," and "all trees of frankincense;" and from the vineyards where "the tender grape give a good smell."

The Trappist Monks, an order whose pessimistic philosophy might be summed up in the expression "this life is not worth living," and who, fearing to commit suicide by violent means, on account of religious principle, went into the Roman Campagna to expose themselves to the toxic air of that deadly region. Their only object of contemplation was a skull; their only manual exercise the daily digging of a grave; their only salutation, "Brother, remember thou must die!" St. Bernard, one of the most ozonic characters of the twelfth century, induced them to employ their digging to some useful purpose by raising vegetables and flowers, with the result that the region became much more ozonic, and greatly increasing its salubrity.

Homer's birthplace is unknown. The fact that seven cities claimed him would strongly favor the supposition that he was from some very obscure hamlet. Shakespeare, the genius of English poetry, and many other great names in England, Scotland, Germany, and other countries might be cited to further illustrate this theory. Milton, though born in London, spent most of his life in the country. He says that he "never could compose anything to satisfaction except between the vernal and autumnal equinox. At those seasons his poetry came like an inspiration." His favorite recreation was a swing in his garden.

In our own country men are placed by our political system on a better equality and furnish a better opportunity for illustrating the principle under discussion. Our twenty Presidents have been from the country, and chiefly sons of farmers. Washington and Lincoln will stand out in colossal relief in the history of the ages.

The ozonic region of New England has produced a host of worthies in the two centuries of her history. Edwards, the greatest theologian of the eighteenth cen-

tury; Franklin, the philosopher and inventor; and immortal are the names of Sherman, Trumbull, Ellsworth, Adams, Webster, Greeley, Chase, and Garrison. Of poets, Whittier, Bryant, and Longfellow. Of inventors, Morse and Whitney. We ought to remember that the hills of Wales gave us, in the emigrant Roger Williams, the great champion of civil and religious liberty.

The most notable intellect produced on this island of Manhattan was Francis Wayland, the greatest of American College Presidents. He was born almost a century ago, when New York was more ozonic than now. The colossal character of old John Brown, the hater of human slavery and founder of the free State of Kansas, was laid in the balsamic atmosphere of the Adirondack Mountains.

Edwards, the philosopher and theologian, had ten sisters, each six feet in height. He is said to "have had more than sixty feet of intellect." Franklin was the fifteenth of a family of seventeen. Elihu Burritt, who read fifty languages, was the youngest of nineteen children. Lyman Beecher, distinguished as a theologian and pulpit orator, is said to have been the father of more brains than any other American. The most distinguished of his children were born in the ozonic region of Litchfield, Conn.

It is the province of the Sanitologist to devise methods for the increase of ozone in city and country and to lessen or annihilate the agencies that exhaust ozone.

What shall be done for the City of New York? We are continuously counting the thousands that are annually slain for want of sanitary precautions. We patiently, and scarcely without protest, suffer an untold amount of sickness, misery, and trouble from year to year, which is clearly preventable. New York ought to be clean, and the healthiest of the large cities of the world; but how unlike Eden is our atmosphere! We are forced to breathe a perpetually-increasing pollution instead of ozonic air. We are almost buried at times with suffocating clouds of a compound of dirt, desiccated rats, and horse dung, hurled upon us by the violent winds.

The streets should be swept every day of the year, between the hours of midnight and morning, by a cleanly and rapid process. A machine operating under cover, so as to sweep and load a cart at the same time, is the need of the hour.

Our streets should be lined with trees. The Balsam Poplar ought to be largely planted for odor and shade.

A radical change ought also to be made in Central Park. The stagnant duck ponds, although softly picturesque to the eye of an artist, are an eyesore to the sanitologist. If it were practicable to introduce an abundance of swift-running water in all the lakes, the condition would be much improved. These ponds breed more malaria than all the pines of the park can antidote. The waters should be discharged, the ground thoroughly underdrained and used as a botanic garden, solely for fragrant plants.

If it were possible to make at once all the sanitary improvements mentioned, and to have an elaborate system of ventilation in each dwelling, the city, because of its dense population, would still be greatly deficient in the needed supply of ozone to combat the exhalations and vile odors that everywhere exist. Chemical ozone must be used to supplement the lack of a natural supply.

According to Dr. Andrews, of Edinburgh, "Phosphorus is one of the volatile substances that have the power of changing oxygen into ozone, while slowly oxidizing." One of the simplest generators of ozone consists of a glass jar containing an alkaline solution, and through a perforated lid rises an adjustable glass rod which holds a roll of phosphorus, which is almost submerged in the solution.

Having used the ozone generator, I can cheerfully add my testimony to its great efficiency as a disinfectant. It has been of signal benefit in a case now



recovering from typho-malarial fever. A dentist, 58 years of age, who has had bronchitis since his youth, during a condition of nervous exhaustion went on an excursion last autumn to a swamp, which then caused serious illness. Two months ago, under the influence of our insalubrious streets, he took to his bed; and with a low type of fever, complicated by bronchial stricture, and retention of a large quantity of decomposed mucus in the lungs, his breath gave to the room an odor worse than carrion. The use of ozone so changed the foul odor, that, to a person coming into his apartment, the delicate fragrance seemed like the odor of the young verdure of the woods in spring.

To every member of our profession the science of sanitology presents fields of research of the profoundest interest, because of their direct and practical connection with the health and well-being of the whole human race.

The true physician is always a sanitarian. By cultivating and extending the benefits of this most practical branch of our calling, we shall have a share in bestowing the highest benefactions upon our fellow-beings, and I trust, a share in our Father's welcoming "well-done!"

[Prof. Henry A. Mott makes the following report regarding the American Ozone Generator:

The object of the investigation was to determine the purity of the Ozone generated, as also the amount of Ozone produced. The process adopted for the production of Ozone in the "Generator" is one long known to science, and consists in exposing *Phosphorus* partly surrounded by water to the atmosphere. The phosphorus is gradually oxidized; phosphorous oxide is produced and is immediately dissolved by the water forming phosphorous acid, at the same time part of the oxygen of the atmosphere in the immediate vicinity is converted by condensation into Ozone.

I have made a careful examination of the Ozone developed by this chemical and molecular change, and find it to be chemically pure and free from oxides of phosphorus. With regard to the amount of Ozone produced, experiment shows that one litre of air taken directly over the generator contains 0.11 mg. of Ozone, the temperature of the room being 22° C (73° 4' F.) According to Barker, "one volume of air containing 1-6000 of Ozone will purify 540 volumes of putrid air." It therefore follows, that one litre of air taken directly over the generator contains sufficient Ozone to oxidize the impurities in about 163 litres of air, as 1 c.c. of Ozone is capable of purifying 3,240,000 c.c.

The value of Ozone is wholly dependent upon its active oxidizing properties. It therefore follows that a given quantity of Ozone can only do a definite amount of work, which makes it necessary to produce the Ozone continuously so as to oxidize the emanations which are incessantly generated either from decomposing or diseased matter, the emanations from the body and the impurity in the air ejected from the lungs. The continuous generation of Ozone is simply and effectually carried out by the American Ozone Generator in quantities sufficient to do the oxidation required. The bath in which the phosphorus is suspended being permanganate of potassium, is valuable to a certain extent, as this salt is claimed to purify the atmosphere by the oxidation of any impurity coming in contact with it. Ozone is being continually produced in the laboratory of nature; it may well be called the "universal oxidizer." Not a drop of water is evaporated from the river, the lake or ocean but what contributes its share of energy in converting a portion of oxygen of the atmosphere into Ozone; not a stroke of lightning occurs but that some oxygen is condensed and Ozone results. We cannot but admire this provision of nature, but how much more should we admire the devices of man which are capable by cheap and simple processes of converting the oxygen of the atmosphere directly into Ozone, so as to utilize this oxidizing agent in the polluted air of the school-room, the sick-chamber and the hospital.—Eds.]

## A FEW NOTES ON MALARIAL DISEASES.

By J. N. TILDEN, M.D., PEEKSKILL.

Along the valley of the Hudson, no one class of diseases claim so large a share of attention from the physician, as those affections which arise from the presence of malaria in the system. While malaria of itself may ever remain a physically imponderable and unknown mystery, yet its effects are very obvious.

There is probably no one agent capable of producing so wide a variety of disease symptoms. There are times when nearly all cases of sickness in this region seem to be more or less modified by the presence of malaria in the system.

While the acute affections possess simply the malarial element, a large variety of more chronic ailments seem to arise entirely from malarial poisoning—neuralgia in various forms; headaches; intercostal pain; pain in the back, either in cervical or lumbar region; debility, often associated with tendency to perspiration—all of these various affections are commonly found as the result of malaria. Most of these cases of masked intermittents present no periodicity and are not therefore easily recognized. Of course if periodicity be present, the cause and treatment are both clear. It may be asked, how do we know that these cases as above enumerated are caused by malaria? Simply because if treated with remedies which have proved curative in intermittents, they will rapidly improve; and no other line of treatment will benefit them. Not only this, we find such masked intermittents most frequent at such seasons and in such localities when and where malarial fevers are most prevalent; and this fact is strongly corroborative if for other reasons we are led to suspect the real character of the producing cause.

It not unfrequently happens that these masked intermittents will, upon the occurrence of some exciting cause, speedily develop into well defined chills and fever. Among the causes which often produce this effect, none are more constant than over-exertion and exposure, causing exhaustion. Anything which has a tendency to depress the vitality of the system, will not only often develop latent malaria into an intermittent fever, but will also cause a return of an intermittent which has apparently been cured. So constantly has this latter fact been observed, that in treating intermittent fever, I always impress upon patients the importance, for two or three months after recovery, of avoiding fatigue. They are cautioned against any irregularity of life, such as irregular hours for sleep or diet, in fact, against any thing which will exhaust the system or depress the nervous force.

Several weeks since a student consulted me for relief from a constant wearying pain in the sacral region. The pain was relieved when lying down; was not movable, and the patient declared himself perfectly well in every other respect. As he was engaged several hours daily in laboratory work which required standing, the pain was attributed to debility and strain from the erect position. Prescribed various remedies, of which Bryonia, Sticta, and Arnica seemed best indicated, but without benefit. The pain continued without amendment until after a few days of extra work and late hours, all at once the trouble culminated in tertian intermittent. The case was treated with quinine, and after three paroxysms was relieved, and with the cessation of the ague, all pain in the back had disappeared. No doubt if Cinchona had been given at first, not only would the pain have been relieved, but the attack of ague would have been prevented.

It is to be regretted that there are so few reliable remedies to combat successfully the effects of malarial poison in the system. For this reason we should improve every opportunity for adding to the list of valuable agents in malarial affections. Last year, having used *Melilotus* successfully in several cases of neuralgia, it occurred to

me that as the manifestations of malarial presence were largely neurotic, why will not this agent cure intermittent fever? It was used and with results as follows:

CASE I. Mrs. W., *et. 50*; relapse of chills after having been treated with *Quinia*. Gave tr. Mellilotus, five drops every two hours till time passes for regular recurrence of the chill; these three or four times daily for two weeks longer. Result, no recurrence of chill till third week, when patient had relapse and took quinine without consulting physician.

CASE II. Boy, *et. 15*, colored. Has had tertian ague for a week—same directions as above. No chill after beginning remedy. Cure permanent.

CASE III. Mrs. C., *et. 59*. About four weeks ago, had chills broken up with quinine. Has now for four days had Quotidian ague. Prescription as above. The type of disease changed to tertian form, which recurred twice after beginning remedy, when the paroxysms ceased permanently.

CASE IV. Mrs. R. has been suffering from severe form of tertian ague for a week. Prescribed as above; remedy was continued for five days without the slightest benefit. Each recurring paroxysm seemed more severe, and under pressure from anxious friends, remedy was changed to *Quinia*.

The first cases encouraged me to think that a grand remedy had been properly applied, but its complete failure in the last case dispelled the illusion. However, the remedy is worthy a further trial, and will, I believe, prove to be very valuable.

*Carbazotate of Ammonia* is a remedy which I have used with a good measure of success, giving  $\frac{1}{2}$  gr. three times daily. While it will in nearly every case arrest the paroxysms of an intermittent, yet like quinine, relapses often recur even sooner after a discontinuance of the medicine, than after the quinine treatment.

The plain fact is this: that no known remedy, or rather remedies, are so constantly useful and reliable in all malarial diseases as quinine and the various preparations of Cinchona. Though so much has been said in the Homœopathic school against the use of quinine, yet I believe that there are few physicians who do not often find themselves obliged to resort to it in the treatment of intermittent fever. Say what they will, in a malarial region it is their most potent and reliable remedy.

As a school, and as physicians, we cannot afford to hazard our reputation by allowing cases of intermittents to linger along for weeks as they will do if we trust to uncertain and inefficient medication. Especially do we risk this in malarial disease, for nearly every patient knows that he can go to any druggist and get medicines, proprietary and others, which will promptly, not only arrest the paroxysms of ague, but, in a proportion of cases, permanently cure them. Knowing this, they justly lose confidence in a physician who cannot do the same thing with equal promptness and certainty. It is not unusual to hear the testimony of patients something as follows: "The Doctor said he could cure me without quinine, but I kept on having chills until I sent for some quinine pills, and they cured me right off." Sometimes the doctor as well comes in with a confession, saying: "Well, I am disgusted! I've tried everything—high potencies and low potencies—until the indications were that they would change physicians, and then, to save myself, I had to give quinine after all." Once I heard a homœopath of the strict order say: "D— the chills! I can't cure them without giving quinine."

Why has so much been said against using quinine? Are its reputed ill effects upon the human system real or fancied? Have we much reason to condemn it as an unsafe remedy, and one which works injury to the human system? For many years I have conscientiously watched cases of malarial affections treated by quinine, in order to ascertain what bad results, if any, follow its use. Thus far, in an experience of 17 years with many hundred cases, I can honestly say that I have seen no

deleterious effects which could with certainty be ascribed to quinine. Patients often suffer from prolonged ill-health after malarial fevers. In these cases it is the result of the disease and not the remedies. As soon as the malarial poison is thoroughly eliminated from the system, there is a complete and permanent recovery.

While the treatment of malarial disease with quinine is often unsatisfactory, it is far better to stop the paroxysms of an intermittent promptly, than to trust to some uncertain and inefficient medication, which prolongs the disease unnecessarily and allows the system to become deranged and debilitated from its continuance. It is my belief that failure in the use of quinine is due, not only in giving it timidly, but improper methods of administration. Two things are, in my opinion, very essential in order to use quinine with the best results. First, that it will do harm if given when there is fever with a dry tongue and skin. If you have already moist skin and no tendency to dryness of tongue, even though the temperature be high, quinine will do good. Therefore, in malarial affections, if you have not these essentials of moisture, produce them with other remedies before attempting to use quinine. Otherwise, in a large majority of cases, the disease will be aggravated. Secondly, give it boldly if at all, in intermittent and remittent fevers, and neuralgias where its anti-periodic effect is desired. In these cases it is important to produce its specific effect as quickly as possible; for all observers are agreed that the sooner the paroxysms are stopped the less will the nervous system suffer, and the less will the strength be exhausted.

Better results are obtained by giving large doses at long intervals, than smaller ones at frequent intervals. The most satisfactory results are, I believe, reached by giving 8 to 10 grain doses twice daily. The first dose should be given in an intermittent as soon as the sweating stage is thoroughly established, and after that it may be given night and morning without reference to the stages of fever. Many of the most satisfactory cures that I have ever made in intermittents have been made in this way—giving 8 grains night and morning for 4 or 5 days, and repeat two successive days every week for 4 weeks. It is very rarely necessary to increase the doses to 10 grains. Meantime intercurrent remedies are used as indicated, to assist in eliminating the poison. Among the remedies which have been found very useful are *Arsenicum*, *Gels.*, *Bryonia*, *Ipecac.*, *Nux.*, *Eupatorium per.*, and *Apocynum can.* This last remedy is especially valuable in chronic intermittents.

I am well aware that there are many conscientious men in my school who will be horrified at the idea of a professed homœopath giving 10 grains of quinine at a dose. All right. I shall be delighted to welcome any substitute which will be effectual, even though less prompt in its action. So far as in me lies, I am constantly seeking some new means for antidoting this widespread poison—malaria. Until something better shall be found, however, my patients shall have the benefit of the Cinchona tree.

Let us be honest with ourselves, honest with each other. If we do use a remedy with satisfactory results, let us not be afraid to acknowledge it for fear of being taunted with the term "mongrel"—for fear that we are injuring our school. Let us first be true to the sick and suffering. They are the ones who justly demand of us to use the most rapid and effectual means for the alleviation of their suffering and the cure of their disease. Let us, then, fairly make that our prime object, and not allow theories or prejudices to warp our judgment, and prevent us from doing the most good to our patients that we are capable of doing, no matter what means are employed to further this end.

\* PYROGALLIC ACID.—Dr. Nedal has used this drug in many severe cases of chancre, in the proportion of twenty parts of the acid to one hundred of simple cerate with great benefit.

## HAHNEMANN'S LAW OF DOSE.

BY H. W. TAYLOR, M. D., TERRE HAUTE, IND.

I shall pass Dr. McNeill's personal allusion to myself with the remark that abuse and villification are peculiarly the weapons of altissimism, and he is welcome to them. They have done service for his sect in times past, but, like the blunderbuss, they have become antiquated in these days of hard logic. Altissimists need them, to cover up their lack of logic with the terrific roar they make. Rational Homœopathy—Hahnemann's Homœopathy—is so panoplied with all the strong phrases of the "Organon"—that Book of the Law of Homœopathy—that it can sit serenely in a tornado of fishwifely epithets.

The "Organon" has been held to be the shield and buckler of the altissimist. It has been the fashion among this sect to berate all low dilutionists, all liberalists, for their inferior knowledge of the "Organon." And yet, when one of their leaders is forced to defend his right and title to the priestly office of Expounder of the "Organon," he dismisses that book with his blessing and flies to the refuge of other works, reinforced by "foot-notes" and "introduction."

In fact, in reading Dr. McNeill's article in the TIMES, one would inevitably think that it was a discussion of the "foot-notes" and "introduction" to the "Organon!" Thus, these appendages to that book are mentioned in sixteen quotations, while the "Organon" itself is quoted barely eight times. Is Dr. McNeill, too, driven off the "Organon" for want of solid ground to stand upon?

Dr. McNeill gravely announces in the outset that he "will quote Hahnemann's own words in every case in which he refers to this question of dose, as regards administration to the sick in order to cure them." How does he fulfill this voluntary obligation? By quoting sixteen times from the "introduction" and "foot-notes" aforesaid, while his eight quotations from the "Organon" itself make as good argument for the low dilutionist as for the high. One has only to read these quotations to be sure of this fact.

But his sins of omission are far greater than his sins of commission. Under his solemn pledge to "give Hahnemann's exact words in every case in which he refers to the question of the dose to cure the sick," he has willfully omitted twice as many passages in the "Organon" as he has quoted from the "introduction" and "foot-notes." He could not have been ignorant of these omitted passages, therefore their omission must have been willful.

Out of a love of order in logic, I shall begin with Section 290 of the "Organon." I use Hahnemann's italics.

*"This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease."*

Here is the Law of Dose, formulated by the hand of the master. What wonder that altissimists dive under this page and come up in the "foot-notes." It is the fact that Hahnemann believed that the natural disease could only be cured by another "more powerful," "more intense," and "stronger" medicinal disease, of similar symptoms. Why stronger? Because the weaker disease cannot overcome the stronger. Why similar? Because the two diseases must lay hold of the same organs and tissues; otherwise the one cannot overcome the other—cannot take the place of the other. This was Hahnemann's logic. Remembering this conviction, "founded upon experience," how closely in point are the following passages in the "Organon," and not in the preface and foot-notes.

Section 279. "The dose of the homœopathic remedy can never be sufficiently small to be inferior to the

power of the natural disease, which it can, at least partially extinguish and cure, *provided it be capable of producing a small increase of the symptoms immediately after it is administered.*"

I have italicized these "guiding symptoms" in homœopathic posology. The medicinal disease must be the stronger, in order to overpower the weaker natural disease. How shall we know, O, Hahnemann! when the dose is "powerful" enough to produce a medicinal disease "rather more intense than the natural malady?"

When the dose produces "a small increase of symptoms" "immediately after it is administered," that dose is right.

Can a dose be too small?

It cannot be too small, *provided it be capable of producing a small increase of symptoms immediately after it is administered.*

Did Dr. McNeill ever read these two sections of the "Organon?"

Section 30. "Medicines (particularly as it depends upon us to vary the doses according to our own will) appear to have greater power in affecting the state of health than the natural morbid irritation; for natural diseases are cured and subdued by appropriate medicines."

It is the "greater power" of the medicines that makes them able "to cure and subdue" natural diseases. Now what are real, genuine, veritable medicines? Let Hahnemann answer in the "Organon."

Section 32. "Every real medicine will, at all times and under every circumstance, work upon every living individual and excite in him the symptoms that are peculiar to it (so as to be clearly manifest to the senses when the dose is powerful enough), to such a degree that the whole of the system is always (unconditionally) attacked and, in a manner, infected by the medicinal disease, which, as I have said, is not at all the case in natural diseases."

Here Hahnemann elaborates the idea that the medicinal disease must be the stronger, and will be *when the dose is powerful enough.*

Section 34. "In artificial disease, produced by medicines, it is not the greater degree of intensity, that imparts to them the power of curing those which are natural. In order that the cure may be effected, it is indispensable that the medicines be able to produce in the human body an artificial disease similar to that which is to be cured; for it is the resemblance alone, joined to the greater degree of intensity of the artificial disease, that gives to the latter the faculty of substituting itself in the place of the former, and thus obliterating it."

Why similar? Because thus affecting the same organs and tissues. Why "greater" degree of intensity? That it may be strong enough to "obliterate" the natural disease. This is Hahnemann's theory and practice. This is homœopathy, according to the Book of the Law.

That Hahnemann believed that the one disease must be "stronger" than the other—"more powerful," "more intense" than the other—in order to cure it, or remove it, is evidenced in Section 36:—

*"If the two dissimilar diseases which meet together in the human body have an unequal power, or if the older of them is stronger than the other, the new disease will be repulsed from the body by that which existed before it, and will not be able to establish itself there."*

Hahnemann was writing of "natural" diseases. But he plainly meant to illustrate his theory of curative drug action. This is reiterated in Section 38:—

*"If the new disease, which is dissimilar to the old, be more powerful than the latter, it will then cause its suspension until the new disease has performed its course, or is cured." "It is the same in all diseases that are dissimilar; the stronger one suspends the weaker."*

Hahnemann never thought or taught that a weaker similar disease could "cure" or "obliterate" a stronger.



Now let us see what was Hahnemann's notion of the proper way to imitate nature in her homœopathic cures.

Section 43. "But the result is very different when two diseases that are similar meet together in the organism; that is to say, when an analogous but more powerful disease joins itself to the pre-existing malady. It is true that we here see how a cure is performed according to nature, and how man is to proceed in effecting the same object."

Now ye who use the "CM.," and who claim friendship with the author of the "Organon," read carefully Section 45:—

"No! Two diseases that differ greatly in their species but which bear a strong resemblance in their development and effects—that is to say, in the symptoms which they produce—always mutually destroy each other when they meet together in the system. *The stronger annihilates the weaker!* Now it is difficult to conceive how this is performed. Two dissimilar diseases may co-exist in the body, because their dissimilitude would allow of their occupying *two distinct regions.*" Or, to express it in other terms, as soon as the vital powers which have till then been deranged by a morbid cause are attacked with greater energy by a new power, very analogous to the former, *but more intense*, they no longer receive any impression but from the latter; while the preceding one, reduced to a state of mere *dynamic power*, without matter, must cease to exist."

The men who exalt the "dynamic power" of the "CM." should read and re-read this section. It would seem that Hahnemann assigned the "weaker" position to "dynamic power." The "dynamic power" must, in all cases, go to the wall before "matter." So says Hahnemann. So say all Hahnemannians.

Sec. 46. "The small-pox which comes on after vaccination, destroys the latter immediately, and does not permit it to arrive at perfection, *both because it is more powerful than the cow-pox, and bears a close resemblance to it.*"

Must not the medicinal disease be the "stronger," in order to "imitate nature" in this cure? And how stands the "dynamic power" of *vaccinium* against small-pox, according to Hahnemann?

Section 48. "All the preceding examples prove to us that neither the efforts of nature nor the skill of the physician have ever been able to cure a disease by a dissimilar morbid power, whatever energy the latter may have possessed; *also that a cure is not to be obtained but by a morbid power capable of producing symptoms that are similar, and, at the same time, a little stronger.* The cause of this rests with the eternal and irrevocable law of nature which was, hitherto, not understood."

One man only need be "a little stronger" than another, in order to kick him out of doors. So the medicinal disease must be the stronger (and show itself the stronger by the aggravation), in order to drive out the "morbid irritation."

Section 66. "On due attention, it is true that even small doses produce primitive effects that are perceptible; but the reaction made by the living organism never exceeds the degree that is requisite for the re-establishment of health."

Hahnemann never contemplated a dose so small as to be "reduced to a mere dynamic power," "without matter," and incapable of producing these primitive effects that constitute the "homœopathic aggravation," and are Hahnemann's sign of the sufficiently powerful dose.

Section 68. "We find, it is true, in homœopathic cures, that the very minute doses of medicine which they require to subdue and destroy natural diseases by analogy to the symptoms produced by the latter, *leave in the organism a slight medicinal disease, which outlives the primitive affection.*"

How is it in "Dynamic" cures? Do not those of Dr. McNeill's way of thinking profess a great aversion to this "medicinal disease"—the homœopathic aggravation, which Hahnemann so stoutly maintains *must* be set up in order make a homœopathic cure?

In Section 69. "But as the medicinal that is opposed cannot occupy in the organism the place of the pre-existing disease (as is the case in the homœopathic method), *where the remedy excites an artificial disease, similar, but a little stronger.*" etc.

The parenthesis contains the meat of this sentence, and demonstrates unequivocally the fact that Hahnemann believed and taught that the remedy, in order to be homœopathic, and to effect a cure, must actually produce in the patient a disease similar to the one with which he suffers, and a "little stronger." Will any student of the English language maintain that I have distorted the meaning of any of these sections? Are they capable of any other construction than the one here put upon them? But if any doubt could be entertained upon that point, I have at hand large reinforcement in the language of Section 148.

"A remedy which has the power and tendency to produce an artificial disease, closely resembling the natural one against which it is employed, and which is administered in proportionate doses, affects, in its action on the organism, precisely those parts which had till then been a prey to the natural disease, and *excites in them the artificial disease which it is naturally capable of producing.* The latter, by reason of its similitude and greater intensity, now substitutes itself for the natural disease. From that moment it then results that the vital powers no longer suffer from the last mentioned (natural disease), which in its quality of purely *dynamic immaterial power* has already ceased to exist. The organism is no longer attacked *but by the medicinal disease.*"

This is heaping Ossian upon Olympus. The remedy again must have the power to produce the "medicinal disease," and it *must* produce it. And that medicinal disease must lay hold of the same organs affected by the natural disease, and must be a "little stronger" than the natural disease, in order to maintain its hold upon these organs, and thus "crowd out" the natural disease. What would Hahnemann have thought of a medicine that could only produce symptoms in one person out of twenty? But we have more of the same kind.

Section 155. "I say *without any great degree of suffering*, because, when a perfect homœopathic remedy acts upon the body, it is *nothing more than symptoms analogous to those of the disease, laboring to surmount and annihilate these latter by usurping their place.*" And again in the same section: "But it produces its effects homœopathically in those parts of the organism that are already a prey to the irritation arising from the symptoms of the natural disease, and *excites in them a stronger medicinal affection, which extinguishes and annihilates the other.*"

Is it a distortion of the obvious meaning of this section, to say that Hahnemann probably means just what he says? And can anybody say it better for him? The homœopathic remedy acts upon the body—the diseased body, mind you; it makes symptoms analogous to those of the disease; and it does this work in the same "parts of the organism" in which the natural disease is located. And it does this curative work by *exciting in them a stronger medicinal affection*, which extinguishes and annihilates the natural disease." Could any power, short of that of Omnipotent God, distort this language from its obvious meaning? Hahnemann was one of those master minds that made his work perfect, and allowed no room for debate upon his opinions. His language is singularly strong and lucid. His words need no labor of the hair-splitting philologist. They stand, like the time-defying pyramids of Egypt, clean-cut, stony, and imperishable.

Again is Section 157 straw and bricks for these Hahnemannian milestones. Speaking of homœopathic aggravation, he says: "But in reality it is nothing more than a *medicinal disease*, extremely similar to the primitive one, and rather more intense in its nature."

In Section 158 Hahnemann slays the dynamists at a blow. The aggravation, of which they are in momen-

tary terror, and which is often given as the reason for "very high dilution," is endorsed by Hahnemann in these forcible words:—

"This trifling *homœopathic aggravation* of the malady during the first few hours—this happy omen which announces that the acute disease will soon be cured, and that it will, for the most part, yield to the first dose—is perfectly as it ought to be, because the medicinal disease should naturally be rather more intense than the one it is intended to cure, if it is to subdue and extinguish the latter; in the same way that a natural can destroy another that resembles it, by exceeding it in power and intensity."

Was there a Leader on this side of the water who did not believe as Hahnemann believed? Who did not endorse one—not even one—of Hahnemann's theories, as promulgated in the "Organon"? Did this man believe that the homœopathic aggravation was not "as it ought to be"? Did he hedge Hahnemann's "Organon" about with "foot-notes" that contradict and mystify the text, instead of pointing and illustrating it? Did he, in his last days, dread the schism that his opposition to Hahnemann's Law of Dose had fomented? And did he withhold his assent to a separation of the altissimists from the great body of homœopaths, who practice homœopathy as Hahnemann practiced it, and endorsed the opinions of the master just as they were promulgated in the foot-notes? I have asked questions like these of that Leader himself, and have heard no reply.

Section 161 shows that the homœopathic remedy must always produce the medicinal disease. It defines the homœopathic aggravation logically and plainly.

"When I fix the so called homœopathic aggravation (or rather the primitive action of the homœopathic remedy, which appears in a slight degree to increase the symptoms of the natural disease)," etc., etc.

Hahnemann everywhere teaches in the "Organon" that the purely homœopathic remedy must be powerful enough to produce its symptoms within a few hours after it is administered to the sick. These symptoms, thus produced are the "homœopathic aggravation" that is "perfectly as it ought to be."

Section 279. "It has been fully proved, by pure experiments, that when a disease does not evidently depend upon the impaired state of an important organ, even though it were of a chronic nature and complicated, and due care has been taken to remove from the patient all foreign medicinal influence, the dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease, which it can at least partially extinguish and cure, provided"—ah! what a mine of wealth for the altissimist were this section stripped of its wholesome proviso—"provided it be capable of producing only a small increase of symptoms immediately after it is administered."

This section brings me round the complete circle of my argument to Section 280, the statutory enactment of the Hahnemannian Law of Dose. I feel that I have quoted a few of "Hahnemann's own words," where he refers to the question of dose, "to be administered for the cure of the sick." I am conscious of having done this work without other bias than that given me by "Hahnemann's own words." I feel that no man will charge me with "distortion of the obvious meaning" of the words I have quoted, and interpreted according to their legitimate and accepted definition. Having done this, I solemnly declare that, in my opinion, the sect, of which Dr. McNeil is a member, has no ground in the "Organon" upon which they can stand.

It will be my duty and my pleasure at some other time to show that, as Hahnemann always recommended a remedy having "matter," and being "more powerful than the disease," so he never made nor used a dilution or attenuation that would not, "at all times and under every circumstance, work upon every individual, and produce in him symptoms peculiar to itself."

## WHAT ARE HOMŒOPATHY AND ALLOPATHY?

By A PHYSICIAN

Who has practiced Homœopathically for a quarter of a century.

\* \* \* Both "schools" use, or enforce the use of, drugs or medicine, and hygiene or sanitary rules and appliances; and of surgical means. In the use of surgical means and hygiene both schools are on a par. All surgical and hygienic means and appliances are common to both schools, and both have an equal right to use them; and the use and employment of surgical and hygienic means does not differ materially in the two schools. What difference there is, is that the old school has carried the use of surgical means, and the new school the use of hygienic means, to the greater perfection.

In what, then, do the two schools differ? And what is the distinguishing characteristic of each? They differ in the use they make of drugs—in the manner of using drugs, and the quantity of the drug they introduce into the patient's body.

But what are drugs? Drugs are substances which, when introduced into the healthy body, derange it—make it unhealthy, that is, increase or diminish, or pervert some of the natural actions of the body, or the action of some of its parts. In order to be a drug, a substance must possess the power to derange or make unhealthy some of the healthy actions of the body; that is, it must be more or less a poison. This is the essential nature of a drug, namely, that it is less or more a poison. Drugs differ, however, in the degree and kind of their poisonous powers; each deranges or destroys the healthy action of the body or mind in its own peculiar way, and with its own peculiar degree of rapidity or slowness. Of *Prussic Acid*, for instance, one drop will kill an adult within a few minutes; of *Arsenic*, a few grains in solution will kill within a few hours or days; of *Mercury* (corrosive sublimate) a few scruples will produce death within a few days or weeks; and so on with other drugs. Some drugs, as *Tartar emetic* and *Ipecacuanha*, will pervert the action of the stomach of a healthy man, and make him vomit; others, as *Jalap* and *Senna*, will pervert the action of the bowels and produce diarrhoea; others, as *Opium* and *Belladonna*, will pervert the action of the brain, some in one way, some in another; *Belladonna* to produce delirium; *Opium*, sleep; tea and coffee wakefulness; and others, as Indian hemp, will pervert the mind.

Now all these drug effects are *poisonous*, and if continued long, or greatly increased, might induce very disastrous results.

But why does *Ipecacuanha* produce vomiting, and *Jalap* purging; and why does *Opium* produce sleep and *Belladonna* delirium? We cannot tell why; we only know that they do so; and we only find this out by experience—by their being taken either accidentally or purposely.

And why does it take scruples of corrosive sublimate to kill, and that not more rapidly than in a few weeks or days, when a few grains of *Arsenic* will kill within a few days or hours, and a drop of *Prussic acid* will kill in a few minutes? We cannot tell why, and only know that these things are so; and that only by accident or experience, or by the testimony of others. No examination of their structure will reveal the reason, and no amount or subtlety of analyzing of them can find out. To the most expert chemist or physiologist one would be quite as likely as the other, and quite as unlikely. To experience, and to experience only, must we appeal. It is, in fact, to common experience we are indebted for most of the drugs known up to very recent times. Experiments purposely made—scientific experiments—for the discovery of the powers of drugs and medicines—is of very modern date; it was, in fact, utterly unknown until Hahnemann inaugurated it.

In the infancy of our race, common experience revealed to mankind that certain herbs and other substances acted injuriously if eaten or drunk when they themselves were healthy; and these substances were thenceforward avoided or shunned, and named poisons and drugs. But common experience, or accident, also taught our ancestors that certain herbs and other substances acted beneficially when taken during sickness; that, indeed, the same substances which were poisons to them when they were well, were medicines to them when they were sick! Which knowledge Shakespeare has made immortal in the following lines:—

"In poison there is physic; and these news,  
Having been well, that would have made me sick,  
Being sick, have in some measure made me well."

And as to illness, common experience taught our forefathers that they were liable to upsets of the stomach by taking improper food; to taking cold by exposure; and fevers and inflammations and various painful diseases. And as to the curative powers of drugs, the same common experience, or accident, taught them that the herbs or drugs that produce vomiting of the dangerous articles of food give relief of stomach-attacks brought on by offending articles of diet; also, that after these articles of food had passed into the bowels, and there produced pain, herbs and drugs that purge them out give relief thereby; also that in fever, herbs and drugs that produce sweating tend to relieve the fever; also that headaches, backaches, and other painful diseases not unfrequently subside after free vomiting, purging, or sweating; and, indeed, that the very same substance that would produce vomiting, or purging, or sweating, etc., when they were well, also would not unfrequently cure these diseases when they had been brought on by some other cause.

These observations, discoveries, and experiences were not lost on our forefathers, but were treasured up and transmitted from father to son, from one generation to another, so as gradually to accumulate and make up a goodly store of "traditions of the fathers," and form a kind of "traditional" medical system; so that by the time of Hippocrates (born B.C. 460), styled "the father of medicine," they afforded sufficient data to enable him to make two grand generalizations as to the action of medicines, namely, that in some cases they act as contraries, and in some cases as similars. "He makes," says his translator, the learned allopathic physician, Dr. Adams, "the important remark that, although the general rule of treatment be '*contraria contrariis curantur*,' the opposite rule also holds good in some cases, namely, '*similia similibus curantur*.' It thus appears that the principles of both allopathy and homeopathy were recognized by the author of this treatise."

Now these two principles of allopathy and homeopathy have become the names of the two main divisions of the medical profession. Allopathy means using drugs that act oppositely or differently, and homeopathy means using drugs that act similarly; that is, that in the treatment of disease allopathic practitioners, use drugs that act either on other parts of the body than those that are affected, or, if on the same parts, act in a different way, or opposite way; whilst homeopathic practitioners use those drugs that not only act upon the same parts, but act in a similar way to the disease itself. For instance:—

1. *Allopathy*.—If a patient has had some anxiety or over-mental work which has produced headache, instead of giving him a drug that acts directly or specifically on the brain or its vessels which have been exhausted or dilated by the anxiety or over-work, allopathic practitioners give him a drug that acts on the bowels—a purgative—which gives him a temporary diarrhoea into the bargain.\*

\* In the report, in the *Lancet*, of Nov. 27, 1880, of a case treated in the Leeds Infirmary, by one of the leading surgeons—a case of concussion of the brain, resulting from a kick on the head by a horse and which was so severe that the patient was unconscious—the reporter boasts that, "rest in bed, low diet and free purgation, was the only treatment."

If an infant, by taking cold, gets croup, instead of administering a drug that acts on the windpipe (which is the part inflamed), allopathic practitioners give emetics which act on the stomach and produce vomiting! If by taking cold an adult gets inflammation of the kidneys they give him purgatives, which give him diarrhoea as well; or sudorifics, which induce excessive or morbid action of the skin—sweating!

The theory is, that by producing these medicinal diseases, that is, setting up disease in other parts, they divert the natural disease to less vital parts—veritable allopathy; *allos*—other. The power of drugs to produce disease; that is, to morbidly force on, suppress or pervert the natural actions of the body, is that for which allopathic practitioners use them. And for this purpose they classify drugs according to the morbid action they produce—as stimulants (forcers), astringents (suppressors), alteratives (pervertors), emetics, purgatives, narcotics, and so on.

If a patient complains of severe pain, such as neuralgia, cramp, spasm, etc., instead of administering a medicine to cure the disease which is causing the pain, they suppress the natural function of the nerves of the part—benumb them with *Morphia* or *Opium*! And if nature has not of herself cured the disease by the time the effect of the dose has gone off, they inject a fresh dose of *Morphia*, or give another dose of *Opium*, and again wait on nature! Even painful acute inflammations, such as pleurisy, peritonitis and rheumatic fever, are treated much in the same way; that is, by *Opium* fomentation in the day; with *Morphia* injection or *Chloral* at night! If a patient complains of constipation, instead of giving him a medicine to cure the cause of the constipation, they give a purgative to produce the opposite disease, namely, diarrhoea! If a patient has diarrhoea, instead of giving him a medicine to cure the cause of the diarrhoea, they give an astringent, such as *Opium*, *Acetate of Lead*, or *Pomegranate*, to suppress not only the morbid, but also the natural secretion of the bowels, and produce constipation!—*Contraria contrariis curantur*.

The best apology that can be given for such roundabout, rough and ready, unscientific, uncertain practice, is, that in some instances it does appear to substitute a more temporary or less dangerous medicinal disease for perhaps a more permanent or more dangerous natural disease, whilst nature herself performs the cure of the original disease.

II. *Homeopathy*.—Homeopathic practitioners, on the contrary, make no interference whatever with those parts or actions of the body that remain healthy, but direct their attention solely to the part that is diseased, and simply give a medicine that acts on the part diseased, and acts in a similar way to that in which the disease itself is acting: knowing well, that such a medicine will at least act on the part that is diseased, and will not derange or pervert the action of any healthy part.

To use the same illustrations as before:—If a patient has had some anxiety or over mental work which has produced headache, instead of giving him a purgative to act on the bowels, homeopathic practitioners administer a medicine that they know acts on the brain and on the same part of the brain that is suffering, and in a similar way to that in which the disease is acting; in fact, a drug that is known to have produced a similar headache in a healthy person. And so in a case of croup, homeopathic practitioners administer no emetics or purgatives, but give a medicine that is known to have inflamed the windpipe—in fact, to have produced a kind of croup. And again, in a case of inflammation of the kidneys, homeopathic practitioners administer no purgatives or sudorifics, but give a medicine that goes straight to the part affected; one, in fact, that has been known to produce inflammation of kidneys. And so, again, in a case of neuralgia, cramp or spasm, they do not attempt to annihilate



the power of sensation of the part, but they administer a remedy that acts on the same part in a similar way. The result is that *experience* justifies the practice, showing that, if the proper dose be selected, cure follows rapidly, safely and pleasantly.

It will, of course, be admitted that a drug that acts on any part of the body in persons in health, will go to the same part and *tend* to act in the same way in persons in whom that part is not in health.

In homeopathy the theory is that when give in small doses a drug will cure similar diseases in the sick to those that it will produce when given in large doses to the healthy—*similia similibus curantur*. Hippocrates, the father of medicine, said such was the case; and so did many other physicians after him; and Hahnemann, seeing not only the wisdom and philosophy of this action of drugs, but that recoveries thus brought about were not only diversions of the disease to another part, but were real cures, direct and positive, safe, radical and permanent, set himself to the work of finding out whether such cures were only isolated instances, or were results of the operation of a rule in nature. He looked up the literature of the subject, and tested by this rule all reputed specifics,—i. e., all drugs that were reputed to cure some particular disease—and as the result of much prolonged and painstaking investigation, he found that the rule held good not “in some cases” only, but in *all* cases. He then set himself about finding out what diseased states drugs would produce, in order that they might be used to cure similar states when met with in practice. He and his friends then used these drug-effects as indications when to use these particular drugs. The practice thus inaugurated he named HOMOEOPATHY. And this mode of practice has now been adopted by hundreds of physicians in this country, hundreds on the continent, and thousands in America. And it has been proved—in both private and hospital practice—that under homeopathic treatment all the severe acute diseases, such as cholera, dysentery, scarlet fever, typhus fever, typhoid fever, yellow fever, diphtheria, inflammation of the lungs, bronchitis, inflammation of the brain, convulsions, insanity, etc., etc., the disease lasts a much shorter time, and presents a much less proportion of deaths, than under allopathic treatment; and that in chronic diseases, such as jaundice, ague, scrofula, syphilis, goitre, dysentery, etc., which only recover after “years” of old-school treatment, with “change of air and mineral waters,” cod liver oil, Turkish baths, hydropathy, etc., etc., are frequently cured in “months,” or even weeks, under homeopathy; and that many of those chronic diseases that are absolutely incurable under old-school medical treatment, such as constitutional cancer, consumption, syphilis, hydrocephalus, tumors, etc., are not unfrequently radically cured under homeopathic treatment. \* \* \*

So much for the *philosophy* of allopathy and homeopathy. Now for the *dose* :—

One of the most characteristic of the properties of “vital” actions—the actions of living bodies—is to keep themselves going for the allotted term of the life of the individual: and not only to keep going, but to go on in the natural, normal, or right direction or manner; just like the works of a watch under the influence of a spring. It is this property—this tendency to go on in a normal manner—that is the cause of the frequent recoveries that occur after injuries and diseases without any medical or surgical help at all—nature rectifies herself; and not only without help, but even in spite of the wrongly-directed attempts at help—the injurious interference with her efforts—by incompetent and mistaken practitioners. This power of natural recovery has received the name of *vis medicatrix nature*—the healing power of nature. This healing power of nature is stronger in some persons than others, as the spring is stronger in some watches than others; but strong or weak (until nearly worn out) it is always resisting the influences that would derange the actions of the body—the causes of disease—whether

these be infections, atmospheric influences, or drugs. Hence, in order to produce their effects in the body—to derange the natural actions of the body, to thwart nature (having nature against them)—drugs must be exhibited in considerable quantity—in large doses; differing, of course, with the virulence of the drug: requiring of *Strychnine*  $\frac{1}{16}$ th of a grain, of *Corrosive sublimate*,  $\frac{1}{4}$  of a grain, of *Tartar emetic*, 1 grain, of *Calomel*, 5 grains, of *Ipecacuanha*, 10 grains, of *Rhubarb*, 20 grains, of *Jalap*, 30 grains, and of *Epsom salts*, half an ounce; the dose required being with each drug simply a matter of experience. This dose—this poisonous dose—differs also in different individuals, according to the power of natural resistance—according to the power of the *vis medicatrix nature* of the individual, and according to the resisting power of the organ on which the particular drug acts.

This is the reason why the allopathic dose *must* be large—it must be enough to overcome the natural conservative power of the organ, whose action it is intended to derange.

And the reason why the (allopathic) dose has to be continually increased, if the use of the drug has to be continued long, is because the *vis medicatrix nature* gradually acquires power of resistance.

No wonder, then, that (allopathic) experience engenders dislike to the use of drugs, or that the older and more experienced practitioners prescribe so few drugs—often none at all.

The reason why the dose of an allopathically-acting drug has to be large is because its work is to *produce* disease;—to derange the natural action of the body, to change the current of natural action, to oppose and divert the stream of nature, and nature's torrent is against it; it has to overcome the natural health-preserving tendency of the *vis medicatrix nature*, and nature is arrayed against it.

The dose of a homeopathically-acting drug on the contrary, has nothing of these forcings to do, and has none of these oppositions to meet; it simply extends a helping hand to struggling nature. Nature is herself all the time struggling to rectify the perverted action—to calm the excited, diminish the stimulated, increase the sluggish, and restore the arrested action—and a homeopathically-acting drug goes to her assistance; and, as a very small magnet skillfully applied attracts from amongst the works of a watch the speck of metal that is preventing the wheels from acting in obedience to the efforts of the spring, so the small dose of a homeopathically-acting drug attracts the offending particle or atom that is interfering with the healthy action of the parts diseased. A very small dose is sufficient for this purpose—an infinitesimal dose. All nature's operations in the animal body are carried on with infinitesimals, absolute infinitesimals; not only microscopic cells, or nuclei, or even nucleoli, of cells, but with ultimate particles of organic compounds, nay, perhaps, indeed ultimate atoms of matter, far away out of the reach of our most powerful microscopes, or any of our means of detection. And here it is, in the recesses of nature's laboratory, where she works with ultimate atoms, that all the vital changes of health and disease and cure take place, and hither must be brought, dissolved in the blood, the particles or atoms of medicines, if they must take part in the operations of health and disease. No drachms, scruples, grains, or half grains, or even quarter grains, are admitted here. Nor any of the surface-scouring doses of insoluble drugs sometimes poured into the stomach; these only irritate the surface, and are washed away as a particle of sand is from the eye.

This, then, is the philosophy of the small dose of homeopathy, as the former is the explanation of the large dose of allopathy. In the one case the dose has to *produce* disease, and in the other to *cure* disease; in the one case nature opposes, and in the other nature assists.

The allopathic medicine for constipation, that is, to produce purging, may be *Rhubarb* or *Jalap*; and for the purpose twenty grains of the former or thirty grains of

the latter would have to be given; one grain of the former or two grains of the latter would not answer the purpose. The allopathic medicine for purging, that is, to produce constipation, may be *Opium*, *aromatic confection*, or *Chalk mixture*; and for the purpose one grain of the first, thirty grains of the second, or half an ounce of the third would have to be given; a fraction of a grain of the first, a grain of the second, or a scruple of the third would not serve the purpose.

The homeopathic medicine for vomiting may be *Tartar emetic* or *Ipecacuanha*, but who would venture to give the ordinary grain dose of *Tartar emetic*, or the ten grain dose of *Ipecacuanha* in such cases? The homeopathic medicine for purging may be *Rhubarb*, or *Jalap*, or *Epsom salts*; but who would venture to give the ordinary twenty grain dose of the first, the thirty grain dose of the second, or the half-ounce dose of the third in such cases?

In allopathy the dose *MUST* be large; in homeopathy, it *MUST* be small. But how large, and how small, are, and must be, matters of mere experience in each case.

As the allopath does not know beforehand how large a dose of any particular drug will be required to produce disease, so neither does the homeopath know from mere theory how small the dose of medicine will require to be made to cure disease without aggravation. No mere theorizing will serve here; to experience the appeal must be made. "*Experientia docet.*"

—*Homeopathic Review*. [Eng.]

## CLINIQUE.

### OVARIOTOMY AT THE HAHNEMANN HOSPITAL.

OPERATION BY DR. WM. TOD HELMUTH.

CASE REPORTED BY WM. BRYAN, M. D., RESIDENT SURGEON.

Jane McR., *et. 47*. Admitted to Hahnemann Hospital Sept. 26, 1880. Married. Gave birth to one child 23 years ago; no miscarriages; menstruation always regular, up to time of operation. Her health had been ordinarily good until one year previous to admission. The first intimation she had of the impending evil was at that time, when her attention was directed to the abdomen, which she noticed was becoming enlarged. The enlargement was then symmetrical, but as the distention increased, it became more prominent on the right side, and four months after it was first observed she measured 50 inches in circumference. She suffered much from the pain and discomfort attending the tumor; the pain was most severe just below the ribs on the right side. Owing to its size, the tumor interfered seriously with the digestive organs, rendering them unable to perform their proper functions.

The stomach became very irritable; she could not retain nourishment of any sort; rapidly emaciated, and was obliged to assume a semi-reclining position, leaning more to the left side because of the interference with respiration.

Last April—to afford the temporary relief which her critical condition made imperative—her physician, Dr. Pool, introduced a trocar and withdrew a painful fluid. This relieved her greatly, and for a time she was comparatively comfortable. The fluid rapidly accumulated, however, and with it came all the former suffering. This operation was repeated in all 11 times, at intervals of about 15 days. According to the Doctor's estimate, the whole amount of fluid evacuated would weigh 200 pounds. When brought to the hospital appearances were favorable. Figure thin, sinewy; spirits hopeful; could retain a small quantity of nourishment; skin and kidneys performing their functions perfectly. Microscopic examination of a small portion of fluid withdrawn by an

aspirator, detected a number of Drysdale's corpuscles, confirming the diagnosis of ovarian cyst.

Dr. Wm. Tod Helmuth performed ovariectomy on the third day after her arrival. Every available precaution was taken to insure perfect safety against all septic contamination: Disinfection, ventilation, etc., received particular attention. After the usual incision the sac was easily recognized and a multilocular cyst found. No extensive adhesions. Wells' trocar was introduced into tumor and some fluid drawn off; then a few cysts were punctured with a knife and the fluid allowed to pour out. Wells' clamp used; pedicle secured by four ligatures, cut off, and Paquelin's thermo-cautery applied to stump. Cavity was then cleansed as thoroughly as possible, and to prevent blood from dropping back, a large sponge was laid beneath the wound while the wire sutures were being inserted, and when that was done, Dr. Helmuth removed the sponge by inserting his two forefingers and separating the stitches by drawing toward each angle of the wound. A drainage tube was placed in Douglas *cul-de-sac*, antiseptic dressing applied, and patient put to bed. During the operation, while the sac was being drawn out, the pulse, which had been remarkably strong, suddenly sank; respiration was almost suspended. For this a hypodermic of brandy was given, after which she rallied.

The following notes, copied from the Hospital case book, show the daily progress of the case. In due time patient regained consciousness. Slight nausea; no vomiting or severe pain. An occasional piece of ice was the only substance introduced into stomach.

Sept. 30. Patient quiet and comfortable all night. Pain was very severe in early morning, relieved by *Magnesia Sul.* *nuz.* hypodermically. Passed flatus during night. Restless in afternoon and pain returned. *B.*, *Aconit.* Tablespoonful of rice-water given.

Oct. 1. Little sleep; nausea and vomiting during night, and occasionally to-day. Pain not severe; thirst. No nourishment given. *B.*, *Verat. alb.*

Oct. 2. Passed a quiet night; colicky pains shooting through abdomen; no nausea; desires food. A small quantity of beef tea given early in day and milk porridge in evening. Wound doing well.

Oct. 6. Was restless during early part of night; toward morning had several refreshing naps. Just beneath skin on right side of wound an abscess formed, discharged a small quantity of pus, and healed without further trouble.

Oct. 8. The diet has consisted of milk porridge and an occasional cup of chicken broth. This morning she asked for more substantial food. A mutton chop was given and relished. In the afternoon she felt sharp, cutting pains in abdomen, which became very severe. Abdomen slightly tympanitic; face pinched; no nausea or vomiting. *B.*, *Colocynth.*

Oct. 9. Patient more comfortable; less pain; sleeps. Drainage tube removed. No food. *B.*, *Nuz. com.*

Oct. 11. Sutures removed; wound united; doing well. Vesical tenesmus relieved by *Canth.* Diet, milk porridge.

Oct. 15. Slept well all night; awoke feeling very comfortable. Circumstances required that her nurse—to whom she had become attached—should be put in charge of another patient. When the proposed change was mentioned to Mrs. McR., she became excited and very restless; temperature rose rapidly and pulse became accelerated. Thirst and headache followed. *B.*, *Aconit.*

Oct. 16. Little sleep; feels weak; thirsty; no appetite. A free evacuation of bowels secured by enema, which afforded relief.

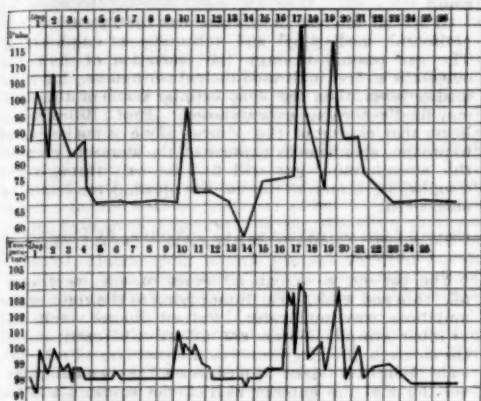
Oct. 17. Slept well all night; more comfortable to-day; appetite improving. *B.*, *Quin. sulph.*, *gr. ii* T. i. d.

Oct. 19. Awoke feeling very well. Had a chill in forenoon, followed by fever, which terminated in a profuse sweat in evening. *B.*, *Quin. sulph.*, *gr. iii* T. i. d.

Oct. 31. Has not had any more chills or fever; sleeps and eats.

Nov. 1. Patient has steadily improved, and to-day was discharged cured.

The accompanying charts show the daily variations of pulse and temperature.



### CEDEMA OF THE LABIA.

By R. C. MOFFAT, M.D., BROOKLYN, N.Y.

G. R.; German; 26 years; third confinement. Her second was normal, but in her first she was affected as follows:—

She came to the Brooklyn Maternity at term, presenting edema of the legs and feet, such as is frequently seen, and of the Labia, I presume such as is rarely seen. When I visited her she lay on her back, knees raised and parted, both labia hanging like a large double hydrocele, which they together resembled in shape and translucency. A quart bowl would not cover nor hide them. I resolved to tap the larger of the two when labor set in; but feared equally the bursting of the over-distended skin if I did not tap, and the occurrence of erysipelas from the puncture if I did.

When labor had fairly begun, the trocar was carried well up so as to reach certainly the centre of the left labium, with a view to open the cellular structure as much and as speedily as possible. The flow that followed the trocar was white, like water, but shook in the basin like bandoline. At first it flowed profusely, but soon after it trickled away, so as to show the dropsical fluid was distributed all through the cellular structure, and not gathered into a cavity, or cyst, as was inferred might be the case from the external appearance of the parts.

In less than an hour the left labium was reduced one-half, and the passage of the child was effected without any injury. Boiling and nitric acid showed only a slight proportion of albumen—not much, as was anticipated.

Both labia steadily reduced in size for four or five days, when the left again enlarged, and I was requested to use the trocar once more. The general convalescence of the patient had been satisfactory; no erysipelas had appeared (perhaps *Rhus tox.* had prevented it), but yet I preferred the use of *Apis Mel.* 3, in hourly doses for a day, by way of a trial. The next day showed that there was no warrant for surgical interference; and at the time of this writing—the twelfth day—the parts are reduced to their usual proportions.

**PEPTONE IN PUS.**—The presence of peptone in pus has just been demonstrated by Hofmeister. By the destruction of pus cells large quantities of peptone may be liberated, and thus pepton-uria may arise.

### SYMPATHETIC GLAUCOMA.

By F. PARK LEWIS, M.D. BUFFALO, N. Y.

The following case of sympathetic glaucoma, from the practise of Dobrowolsky, is perhaps of sufficient interest to merit a translation from the "Klinische Monatsblätter für Augenheilkunde," in the March number of which it occurs.

The patient, a woman 49 years of age, presented herself on the 26th of November 1875, with the symptoms of acute glaucoma of the right eye. The tension of this eye was decidedly increased; the anterior ciliary veins were enlarged; the cornea and aqueous humor clouded; the anterior chamber narrow; the pupil enlarged and immovable; the field of vision constricted in all except the outward side. By reason of the cloudy condition of the media the fundus could not be seen. Central vision was so much lowered that the patient could count fingers at the distance only of eight feet. Severe pain had appeared in the right eye two days previous.

The left eye of the patient was atrophic. There had been made before, a broad upward iridectomy. The left eye the patient said, had been subject to frequent and long continued attacks of pain, in consequence of a traumatism that had occurred years before. The iridectomy had not proven beneficial. The patient herself believed that the disease of the right eye (the glaucomic one) was due to the injury that the left had received; for she asserted with each painful attack in the left eye, the right would begin to grow painful and to redden, and the sight also at such times would be diminished. The left eye was now sensitive to the touch, and had been even more so several days before.

First, a broad upward iridectomy was made in the right eye. The wound healed quickly and the intra-ocular pressure again became normal. An ophthalmoscopic examination showed complete transparency of the cornea and vitreous, with a slight excavation of the optic nerve. The retinal veins, however, were enlarged and tortuous; the optic nerve hyperæmic; and the retina in its vicinity somewhat clouded. The field of vision was enlarged to its normal extent; reaching in the lower and inner arcs 60°; in the upper 55°; and in the outer 93°. Central vision the day following the operation and also a week later, had risen to almost  $\frac{1}{10}$ .

A week after the iridectomy, the enucleation of the second eye was undertaken.

After two days, the usual acuity in the right had reached  $\frac{1}{10}$ , and eight days later  $\frac{1}{8}$ . Still later, I understand, the vision was further increased.

As the vision improved the hyperæmia of the optic nerve, and the hyperæmia and cloudiness of the retina were diminished.

In this case, we had two quite different forms of disease present at the same time in the same eye. 1st, the acute glaucoma, the symptoms of which were almost entirely removed by the iridectomy. 2nd, the sympathetic retinitis which began to be relieved after the enucleation of the left eye as the sight improved.

From a theoretical stand-point, it would seem quite possible, that the two affections in the same eye and at the same time might have arisen from quite different causes. The sympathetic inflammation in consequence of the frequent irritations in the left eye; the glaucoma in consequence of causes that as yet are but little understood. But if on the one hand we accept the statements of the patient, which were in part at least substantiated by the examination, viz.: that the right eye became red and painful with every inflammatory attack of the left; and on the other hand not to forget that this superficial redness and pain of the right eye, which were here present, does not in the least correspond to sympathetic ophthalmia, but are on the contrary, quite peculiar to acute glaucoma; we must believe that the acute glaucoma in this case, was of sympathetic origin.



## CLINICAL CASES.

BY HENRY C. BLAUVELT, M. D.

## SPONTANEOUS GASTRORRHEXIS WITH SUBCUTANEOUS EMPHYSEMA.

On the 5th of last December a female patient was admitted to the Vienna Hospital with the history of gastric disorder existing for the past three years. She had suffered from pain in the stomach and occasional vomiting of black matter. With the exception of sensitiveness in the epigastric region on pressure, other objective symptoms were absent. While in the hospital, vomiting of thick mucus, of strong sour smell, occurred, but no hæmatemesis. The diagnosis was pronounced as old ulcer of the stomach. Generally the patient had not eaten much, but on the 6th of January her appetite increased, and on the 7th attained a state of bulimia; during the day she not only ate all of her own allowance, but also the food remaining on the dishes after the other patients had completed their repast. During that afternoon she vomited twice, only a little fluid without any food. In the evening occurred violent pain in the stomach; the sensitiveness gradually increased, and the abdomen became much distended. An injection of *Morphine* was given, but the pain increased until *exitus letalis* occurred at eleven P.M.

Post-mortem revealed extensive diffuse subcutaneous emphysema, especially in the mammary gland, neck, lateral portions of the abdomen and extremities. The abdomen was exceedingly distended and tense. Necropsy revealed a large amount of gas in the abdominal cavity and in the subperitoneal cellular tissue as well as under the parietal and visceral layers of the peritoneum. The distended stomach reached almost to the symphysis ossium pubis, and displaced the neighboring organs to a considerable extent from their normal positions. The greater curvature measured sixty cm., while the smaller only 15 cm. The pylorus, consequently, was bent at an acute angle, but still permeable, at the cardiac extremities, however; in the cadava no such bending of the œsophagus was demonstrable. In the stomach there was very little gas and a small amount of fluid, but more than two kilograms of sour, undigested rice, barley, nodel, potatoes, and two or three large pieces of meat. Enclosed in the meshes of the peritoneum around the stomach was a quantity of the same food. The walls of the stomach, considering the debilitation, were thickened, and the muscular coats hypertrophied. On the smaller curvature were several old completely cicatrized ulcers, one 3 cm. long affecting only the mucous coat; another 12 cm. in size, extending into the muscular coats. Its base was formed by the cicatricially thickened peritoneum,—the posterior surface of the bursa omentalis,—adhered to the wall of the stomach. Extending through 4 cm. of the larger cicatrix and 6 cm. of the neighboring altered walls of the stomach as far as the cardiac extremity was a longitudinal rupture, which in the cicatrix involved the adhered bursa omentalis. Parallel to this on the anterior wall were two other lacerations affecting only the mucous membrane. Numerous macule of hæmorrhagic erosions were seen near the solution of continuity.

Spontaneous rupture of the stomach, as Leube writes in his article in "Ziemssen's Encyclopædia," is one of the greatest rarities we meet with in the practice of medicine. This case is of great interest, since it is entirely distinct from that category of ruptures frequently observed as a result of previous pathological changes in the gastric walls, as ulcerating carcinoma or peptic erosion. It is a so-called gastrorrhæxis, and not of traumatic origin but spontaneous; the cause of which must be attributed to the extreme distention of the gastric walls from the excessive and rapid accumulation of amylaceous food and developed gas, the exit of which was prevented by the bending of the pylorus, and the pressure on the œsophagus.

Such a rupture is important in regard to the pathology of ulcers ventriculi rotundus, since it demonstrates, that, although they are completely cicatrized and the bordering tissue perfectly normal, still the patient is in danger, because the elasticity at this point is diminished therefore should eventual dilatation occur rupture may result.

Of special interest in this case was the extensive subperitoneal, mediastinal and subcutaneous emphysema. The gas passing through the laceration of the bursa omentalis at first infiltrated the subperitoneum, later the mediastinum, then the deep cellular tissue of the neck and finally became subcutaneous. Prof. Billroth believes that closing of the pylorus alone is not sufficient to produce spontaneous rupture of the stomach, because the accumulating gas will find its exit through the œsophagus, therefore the cardiac opening must also be obstructed.

## SECOND CASE OF RESECTION OF PYLORUS, BY PROFESSOR BILLROTH.

The patient, a woman 50 years of age, very anæmic, thin and weak. The tumor lying to the right of the umbilicus, was immovable. Patient did not vomit, and as other symptoms were not indicative of carcinoma of the stomach the diagnosis was not positive. Prof. Billroth thought it might be a cancer of the omentum, involving also the anterior wall of the stomach and the colon transversum, because the patient suffered from obstinate constipation. The Professor therefore decided to make an explorative incision. On the 28th of Feb. Prof. Billroth opened the abdominal cavity and found the omentum infiltrated with a carcinomatous tumor, which extended into the gastric walls and duodenum. The operation was much more difficult than the first and lasted nearly three hours, on account of the numerous adhesions, and the extension of the cancer much further down the duodenum. The gastric incision bled so copiously that 14 ligatures were applied. The Professor adopted a new method, in the resection and union of the two ventricular portions, making an incision first through the under half of the stomach, next to the infiltrated portion; this wound was then closed and the incision continued through the remainder of the gastric walls. In the edges of the latter the sutures were applied, but not united. Then the carcinoma was resected from the duodenum and the gut united with the stomach as described in my report of the first case. The union of the duodenum with the upper portion of the wound in the stomach produced a cul-de-sac shape at the artificial pyloric extremity, which, with its disadvantages demonstrated itself to the Professor during the operation, for when washing out the stomach a quantity of water always remained in the sac and would not flow into the small intestine. Therefore, in the third case, upon which the Professor operated yesterday the duodenum was united to the lower half of the excision in the stomach.

On the day after the operation the patient vomited, therefore the Professor investigated the wound, but found no exudation, and removed a tight suture. There was no fever, no meteorismus, only the gastric region appeared somewhat sensitive. Continuous eructations of bad smelling gas occurred. On the third day she was given wine soup, which was always ejected; therefore the Professor decided to stop all fluid nutriment, washed out the stomach, and gave cold roast beef on bread. On the fourth day this was also vomited, but in such an enormous quantity mingled with fluid, that its proportion in relation to the amount consumed led the Professor to believe that either some of the material returned into the stomach from the duodenum, or that an extensive exudation was occurring in the stomach itself. Therefore as the patient threatened to die from inanition Prof. Billroth reopened the abdominal wound on the seventh day, and decided to nourish the patient by introducing food through a hollow bougie into the duodenum,

until the adhesions on the duodenum had become looser. This procedure was also without avail, for the patient died after twenty-four hours. Post-mortem revealed an obstruction to the passage of food from the stomach caused by the circular projection of the ventricular borders at the place of union. There was no peritonitis or appearance of hemorrhage having existed.

VIENNA, Mar. 13, 1881.

### CHRONIC CYSTITIS.

REPORTED BY E. S. CONLYN, M. D., HOUSE PHYSICIAN, HOMOEOPATHIC HOSPITAL, W. I.

G. W., et. 53. Engineer by occupation. Admitted Feb. 23, 1881.

**Previous History.**—General health has always been good. In his earlier years he suffered from almost every variety of venereal disease, including genuine syphilis. Some years ago was treated for strictures by surgical means, since which has noticed no further symptoms from that source. Four years ago had an attack somewhat similar to the present, but much lighter.

Four weeks ago complained of burning during micturition, with constant urging, and severe pains in the renal region. These symptoms gradually increased in intensity, and his general health began to fail.

On admission he presented a debilitated appearance, eyes sunken, and surrounded by dark rings; cheeks emaciated, with a hectic flush; body much emaciated; pulse, 90, weak and compressible; tongue coated brown, with red edges; voice husky. Complains of a feeling of great weakness, can scarcely stand erect. Dull, stupefying headache. Constant urging to urinate; passes but a small quantity at a time, with terrible burning. Severe pains radiating from bladder along ureters to the kidneys. Sensitiveness to pressure above the pubes. Dull pain in perineal region.

**Urine.**—Passes about 45 oz. daily, and thick, turbid, dark brown in color, of ammoniacal odor. Reaction distinctly alkaline. Contains no albumen. When allowed to stand for twelve hours, it deposits about one-half its bulk of a viscid, stringy, muco-purulent matter. Appetite very poor. Considerable thirst. Bowels regular. *B. Canth.*

Feb. 25. Patient somewhat easier to-day. The burning on micturition and pain in the renal region are considerably improved, but the urging has become more intense. The urine is voided twenty times during the night. Constant bearing down sensation. Burning remains a long time after the voiding of the urine, with feeling as if more to pass. Patient unable to obtain any sleep. General symptoms remain unchanged. *B. Nux.*

Feb. 27. Symptoms improved in every way. During the past night was only obliged to rise eight times, and he obtained considerable sleep. The burning, although lessened, is still quite severe. The urine still retains about the same appearance. Appetite somewhat better. Tongue improved in appearance. *B. contin.*

March 6. Since the last entry the patient has been gradually but steadily improving. The burning pains and bearing down sensation have considerably lessened. He is only obliged to rise, on an average, four times a night. The mucus in the urine is diminished, and the urine lighter in color. Appetite improving. Tongue moist. He looks much brighter, and is gaining flesh. *B. continued.*

March 11. Burning now but slight. Urine quite clear, but still contains some mucus. General health rapidly improving. *B. continued.*

March 13. Urine light yellow, with but a slight trace of mucus. All the other urinary symptoms entirely gone. *B. continued.*

March 25. Symptoms have entirely disappeared. Feels first-rate in every respect.

### VEGETATIVE GLOSSITIS.

By F. L. VINCENT, M.D., TROY, N.Y.

M. J., a native of Canada, of strumous diathesis, at the age of about fifteen years, received from an officious nurse a "pennyworth" of *Calomel*, with the effect of producing severe mercurialization; the tongue protruding from the mouth, and so badly ulcerated as to threaten the loss of that organ. Since this time she has never been well. She is a seamstress by occupation, an incessant worker but a poor eater—a condition of incompatibility between supply and demand that explains much of the phenomena I am about to describe.

During the past twelve years she has had repeated attacks, say five or six, of what I termed *acute malarial fever*; a fever with no very marked prodroma, but with erratic exacerbations. The temperature in pyrexia is as high as 105½°, intense orbital cephalalgia, no thirst, anorexia, more or less tenderness over right hypochondrium; this accompanied by constipation and dysuria.

The behavior of the tongue has been to me a source of much interest in all previous attacks, but never so much so as now. Upon the development of the fever it becomes dry, brown, almost black, as in typhus. On the second or third day it will gradually grow moist, and as the fever abates on the seventh to the tenth day, it will begin to clean off. I may here state that I have attended the patient in four attacks of the fever, the duration averaging nine days, but with a protracted convalescence of two or three months; this being due to feeble digestion and worse assimilation.

Two months ago she was suddenly prostrated with the fever, in every particular as above described, with the exception of the behavior of the tongue. The dry stage was, on the second day succeeded by moisture with a crop of vegetation that gave it the appearance of being thickly spread with a flaxseed poultice. A throbbing pain was constantly felt, and the tongue was swollen sufficiently as to receive the imprint of the teeth. A line of demarcation was drawn about the deposit, composed of inflamed papillae. Believing some of the deposit could be removed, I directed the patient to use her tooth brush with warm, saltish water, but at my next visit was told that a "comb" would be more appropriate. Taking the handle of a grooved director, I found that I could lift the vegetations from their bases, and that on the dorsum the fibres had developed to a full half-inch in length. It is now seven weeks since the moistening of the tongue developed the vegetations. At one time, under a slightly stimulating and highly nutritive dietary, the strip of vegetation was more than half removed; but it again developed, until now it occupies the full centre of the tongue from the dorsum to the tip.

I have removed with my scissors a few clippings from this lingual garden, which I send with this. I have used as a germicide *Hydrastis*, *Argent. Nit.*, dil. *Carbolic acid*, but thus far with no effect. Constitutionally she has been greatly benefited by five-drop doses three times a day of dilute *Nitro-muriatic acid*.

**PHENOMENA OF HEREDITY.**—At a meeting of the Société de Biologie, Dr. Brown-Séquard said that he had observed certain lesions, to which animals had been subjected, were reproduced in their offspring. He had experimented on Guinea-pigs, and this is what he had observed. On removing the eye of an Indian pig, the progeny of that animal are constantly maimed in the eye corresponding, after a fashion which occasioned its ruin as an organ of vision; in another pig, on causing gangrene of the ear by partial destruction of the restiform bodies, the offspring of the next birth were destitute of ears. These phenomena of heredity, he says, are quite incontestable.—*Le Prog. Méd. (Va. Méd. M'tly, Jan., 1881, p. 781.)*

**TUBERCULOSIS AN INFECTIOUS DISEASE.**—In the *Atlanta Med. and Surg. Journal*, June, 1880, a number of facts are extracted from a paper by Dr. Bruhl, which go to show that tuberculosis belongs to this class of diseases. Dr. Hubert Reich, in an essay upon this subject, states that, in the space of fourteen months in a village on the Rhine, enjoying excellent hygienic conditions, there died, under the age of one year, ten children, of tuberculous meningitis, none of whom were hereditarily disposed to the disease. All these children were delivered by the same midwife, who, it seems, had the habit of blowing air into the child's mouth, immediately after birth, in order to remove phlegm from the air passages, and to excite the respiratory motions. As she was suffering (and shortly afterwards died) from pulmonary tuberculosis, with cavernous and sanio-purulent sputa, when the ten children were born, it could not be assumed that the deaths of all of them, from tuberculous meningitis, in such a short space of time, were merely accidental; they pointed rather to a common source; and this source appeared to be the infection emanating from the phthisical midwife. Dr. Bruhl had more than a dozen times observed that, after a husband dies with tuberculosis, his widow, who marries again a few years later, also dies with tuberculosis, and her second husband with the same disease. Or where a wife had died and her husband had married again, and then he and later the second wife had succumbed with phthisis. It must be borne in mind that the second set of victims had no hereditary disposition to phthisis. A more remarkable case still: the speaker had under his observation that of a gentleman, 24 years of age, who nursed two of his friends at college, who died with tuberculosis. Shortly after their death, he was attacked with severe obstinate cough, and at present he presents all the symptoms and signs of tuberculosis. His brothers, sisters and parents are healthy and have no hereditary taint. The speaker knew a father and a mother over seventy years old, who had lost four or five children.

[In connection with these facts we would mention the sad history of one of the most prominent families in this State. A married sister with developing phthisis, was nursed by an elder sister. The former died, and the latter, returning home, soon followed her, a victim of the same disease. During her sickness, she was nursed by a younger sister, who has now consumption, which is only held in check by a most active out-door life; while a younger brother who has been more or less subjected to the same influences, has had hemorrhages, and has just returned from Colorado, improved but not cured. Two daughters, married early, left home and have no tendency to consumption whatever; the remaining four, being exposed to the same influences in six years, have developed phthisis; two have died and two remain, but both with dangerous and unmistakable phthisical trouble.]—(*Va. Med. M'thly*, Jan., 1881.)

**TURPENTINE INHALATIONS IN WHOOPING-COUGH.**—Dr. Barety (of Nice) having been accidentally led to try inhalations of spirits of turpentine for whooping-cough, has used them many times successfully. He fills two deep plates half full with spirits of turpentine. One of them is placed under the bed; the other in a corner of the room. The children sleep and spend part of the day in that room. The spirit is renewed as often as is expedient, and the air of the room is renewed once or twice a day. The spasms rapidly diminish; the disease takes a very mild character and hardly lasts a month on the average.—(*Chicago Med. Jour. and Ez.*, Feb., 1881.)

**A SUCCESSFUL CASE OF TRANSFUSION OF BLOOD** is reported to the August No., 1880, of the *New York Med. and Surg. Journal*, by Prof. Joseph W. Howe, M.D. Collin's instrument was used, and saved a lady in childbirth from impending death due to excessive hemorrhage.—(*Va. Med. M'thly*, Jan., 1881, p. 759.)

**MALIGNANT ŒDEMA OF THE EYELID.**—The patient, aged 33 years, was attacked with reddish swelling of the lids. This swelling was soft, except at the external angle of the eye, where it was very hard. The existence of this hardness led to the diagnosis of a malignant œdema. The use of *caustic potash*, and even the actual cautery, did not stay the progress of the tumor, which rapidly extended even to the clavicle. Recourse was now had to interstitial injections of *Iodine*. Under this treatment the cure was prompt. Although the diagnosis was not to be doubted, it was to be regretted that search had not been made for bacterides. In the discussion which followed (*Le Prog. Méd.*), the following points were presented. The use of the cautery was considered the safest and surest agency in the removal of this disease. Some had not found any microbes, in cases where the diagnosis could not be denied; others did not believe in anthrax without bacteria. Malignant pustules were not all alike. Some were light, others grave; some were cured spontaneously, that is, without active medication, or after a few applications of *Alcohol*. These were important facts, and we should not attribute to treatment what belonged to the disease. While the cautery was a valuable agent, milder means had been efficient, of which *Iodine* was one of the most valuable. It could be used, then, without fear, always remembering the more active agent, cauterization. (T. M. S.)

**THE PATHOGENESIS OF ACONITE.**—Dr. T. F. Allen in a "Critical Examination of our *Materia Medica*" (N. A. J., Nov., 1880), after minutely commenting on the various provings of *Aconite* as presented in the *Encyclopædia*, pronounces the following judgment: "We must eliminate. No. 10, Dürr; sympt. 1. No. 11, Gruelen; symptom 1882. No. 12, Greeding; sympt.—147, 250, 278, 376, 536, 604, 616, 627, 629, 646, 650, 651, 774, 777, 795, 811, 812, 813, 814, 865, 1124, 1174, 1235, 1354, 1433, 1499, 1648, 1651, 1654 and 1655. No. 18, Stoerck, in part; Nos. 902, 815, 866, 1447, 1448, 1450; thirty-eight symptoms quoted by Hahnemann, and three more quoted by Roth from *West*; in all, forty-one symptoms. All these were part and parcel of our *Materia Med.*, prior to the publication of the *Encyclopædia*. None of these symptoms affect, in the slightest degree, the integrity of our symptomatology; they are blots upon it and should be erased. The remainder constitute an absolutely trustworthy and harmonious pathogenesis, not a line of which can be spared."

**STERILITY FROM A CAUSE LITTLE KNOWN.**—Charrier publishes in the *Bulletin Therapeutique*, two observations of women well-formed and of excellent health, married to strong and sound husbands, and yet, after several years' marriage, without issue. Both ladies, as the speculum showed, suffered from an acid uterine discharge. Liegvis and Byasorn proved that such an acid arrested the movements of the spermatozoa, whereas alkaline solutions increase them; and both ladies were advised to take internally daily two glasses of vichy water (Celestin's spring,) also to use Vichy water for injections *per vaginam*, and to take alkaline baths. After six weeks' treatment, both ladies conceived, and their uterine discharge was alkaline.—(*L'Art Médicale*, Aug., 1880.)

**PETROLEUM IN PHTHISIS.**—My attention was called to this drug from the report of persons in the first stages of phthisis being cured in the region of the kerosene oil-wells of Pennsylvania. Cases in the second stage of the disease were reported much improved. In order to test the matter, I have used the crude petroleum very freely, giving one to two four-grain pills every four hours. I have had several cases much improved and still living.—(Dr. C. R. Cullen, *Va. Med. M'thly*, Jan. 1881.)

**ORCHITIS.**—Dr. Sabadins recommends for this trouble, an ointment of four parts of *Iodoform* to forty of *eucaline*.



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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

## VIVE LA HUMBUG.

"Why is it," said a noted clergyman to a distinguished actor, "that you, dealing with fiction, rouse the interest and enthusiasm of an audience to its highest pitch, moving to tears or laughter at your will, while we, presenting the most solemn truths, often find them falling on unlistening ears, and passing unnoticed?"

"Because," was the reply, "you deal with truth as though it were fiction, while we either deal with fiction as though it were truth, or make such a burlesque that the intention is perfectly apparent." The great art in humbug, says Prof. P. T. Barnum, is to do it so skillfully as to make it appear real. Then, although the people know in their hearts they are humbugged, the performance is so skillful and artistic that they have a certain respect and admiration for the humbugger, which is turned into a feeling of contempt if it is so bunglingly done as to show the fraud on the very face.

We have often wondered, if in our medical colleges all the humbug were weeded out, how much the lecture courses would be shortened; and if the popular physician, in active practice, always dealt in plain, straightforward, honest truth, instead of mingling in a little tact, how much and how speedily his popularity would be decreased. In like manner, if the clergy and the statesman should always stand out before the public as they are, presenting only their honest convictions, how many of our churches would be transformed, and men now standing high in the estimation of the public, in the pulpit and legislative hall, for honesty and integrity, would be found to have been teaching one thing and believing another, or stand speechless, having no honest convictions whatever.

Sometimes humbug is comparatively harmless, and may possibly be made useful, but not where great matters of public welfare are concerned, and where great principles are at stake. When a public question, having to deal with millions of money and millions of human lives, like the health of a great city, affecting

for good or evil through the ramifications of trade or pleasure a whole nation, is thrown into the public arena, as a ball to be kicked about and fought over by political parties for political purposes; and when men, in a great profession which should be the guardian of the public health, draw the line of sectarian bigotry close around them in dealing with a great wrong, the humbug degenerates to a burlesque, and is too transparent to be looked upon by honest men in any other light but that of contempt.

What does the Democratic party or the Republican party care, as a party, for the health of New York, except as a political question in which the power and the spoils can be poured into their coffers? To accomplish this, truth is stretched beyond its limit, and, bad as are the streets and the tenement houses of New York, they are not as bad as they are represented; neither is our population being decimated with pestilence.

They are bad enough, however, and the officials who have to deal with them are corrupt enough, to warrant a cessation of the transparent humbug which is now being played, and which deceives no one. It is a sad comment on the honesty of the people that humbug, and bigotry, and selfishness should control a great question like this. Of the physicians who met at Chickering Hall—which professed to be a meeting of the profession—how many except those who could repeat the shibboleth of "regular" were permitted to speak, or participate in its deliberations? Did the meeting there represent, or was it intended to represent, the entire profession, or only the self-constituted "regular" part of it? and was not the humbug too transparent to deceive any one?

Yet it was not quite as transparent as that of the "regular" profession in England, who could not approach the death-bed of its recent Premier, at the request of its Sovereign, until it was made perfectly clear that the attending physician did not claim to be a homœopath, but had left the Society years ago. What a relief it must have been when the spectre of homœopathy vanished from the bedside of the dying Earl, and the pure, unadulterated science, for which the "regular" profession are so renowned, took its place, to watch the last breath, and close the eyes in which the light of life had gone out forever! If the "regular" profession are honest in their horror of homœopathy, and really believe it to be the unmitigated humbug they profess in their public denunciation of it in the discussion called up by the case of Earl Beaconsfield, which opinion is echoed in the *Medical Record*, they pay a poor compliment to their own intelligence and the brilliant clientage from the wealthy, the educated, and the refined, found in the ranks of homœopathy. Intelligent men, where life and health are concerned, seek relief where it can be best obtained, and are not usually misled by any blind idolatry to theory or pathy.

If they are not honest in their assertions, let them throw off the cloak which deceives no one, and give to the winds the flag of Vive La Humbug, and hereafter sail openly under their true colors.

## THE LATEST SENSATION IN ETHICS.

At the *Comitia Majora* held at the College of Physicians on the 11th of April in London, Dr. Bucknill, a Fellow of the College, asked the permission of the President, Sir Risdon Bennett, to put a question to Dr. Quain as to the circumstances in which he was in consultation with a homœopathic practitioner; and Dr. Quain, in reply, made a statement, of which the following is the substance:—Having repudiated the idea that there could exist any relation between the principles of rational medicine and the imaginary notions to which the name of "homœopathy" has been given, Dr. Quain said he felt that on those grounds alone it was impossible for a practitioner of scientific medicine to meet a person professing homœopathy. He wished, therefore, briefly to narrate the circumstances of the important case in which he might recently have appeared to act in a manner inconsistent with this opinion. These circumstances were as follows:

On Tuesday, the 29th ult., Lord Barrington called on Dr. Quain, and said that he had come to request his professional aid in the case of Lord Beaconsfield, who was most dangerously ill. Lord Barrington said he had reason to believe that it was the Queen's wish that Lord Beaconsfield should have further advice in addition to that of Dr. Kidd, who was in attendance, and that Lord Beaconsfield had intimated his special desire to see Dr. Quain. Dr. Quain replied to Lord Barrington expressing the extreme gratification it would afford him to render aid in such an important case, but added that he did not see how his services could be useful, inasmuch as Dr. Kidd, who was Lord Beaconsfield's professional attendant, was a homœopathic practitioner. Lord Barrington then informed Dr. Quain that, as far as he knew, Lord Beaconsfield was being treated in the ordinary way and by ordinary remedies, and he expressed his opinion that it would be a most grievous thing if, in such circumstances, Lord Beaconsfield could not have the professional assistance which he wished for. Dr. Quain thus felt himself placed in a position of extreme difficulty; and he requested Lord Barrington to allow him, before deciding, to take the opinion of some of his professional friends, on whose judgment he could rely. Dr. Quain immediately went to Sir George Burrows, an ex-President of the College of Physicians, on whose wisdom and profound sense of what was due to the honor of the profession he could rely, and from whom he had always experienced great and uniform kindness, and submitted to him the circumstances of the case. On reference to the "Medical Directory" they found that Dr. Kidd was a qualified medical practitioner, and Sir George Burrows then expressed his opinion to Dr. Quain that if Dr. Kidd being thus qualified, was not treating Lord Beaconsfield otherwise than on rational principles, and would make a statement in writing to that effect, Dr. Quain would not be justified in persisting in his refusal. Dr. Quain, therefore, felt it to be his duty to ascertain the facts from Dr. Kidd; and he immediately communicated with him. He stated to Dr. Kidd his grounds for declining to meet him—namely, that he was a reputed homœo-

path; and that if so it would be useless to meet in consultation. Dr. Kidd, in reply, stated that he was in the habit of treating his patients as other practitioners did, with pharmacopœial remedies in ordinary pharmacopœial doses, on the principles of scientific medicine, although he did not feel himself precluded from using in his practice certain so-called "homœopathic remedies" which in his experience he had found to be useful in the treatment of disease. Dr. Kidd further assured Dr. Quain that he was treating Lord Beaconsfield with ordinary remedies. Dr. Quain having requested Dr. Kidd to put this statement in the form of writing, Dr. Kidd assented, and sent him a letter, of which the following is a copy:—

"15, George Street, Hanover Square, London, W.

Dear Sir,—I have to thank you for your communication. In reply, I beg to say that I am not treating Lord Beaconsfield homœopathically. I beg further to assure you that every direction and prescription of yours will be faithfully carried out by me. Believe me, yours very truly,  
"J. KIDD.

"DR. QUAIN."

After receiving this communication from Dr. Kidd, and before meeting him, Dr. Quain called on the President of the College of Physicians, Sir Risdon Bennett, whose prudence, experience, and calm judgment would be universally recognized as of the highest value and authority in such a matter, and Sir Risdon Bennett gave him his opinion, which accorded with that given by Sir George Burrows. Dr. Quain thereupon met Dr. Kidd in consultation. He found Lord Beaconsfield most gravely ill, and being treated with suitable remedies in sufficient doses according to the recognized principles of medicine. He further stated to the College that Lord Beaconsfield was in a condition of such serious illness and great debility as to render it impossible that he could have given any continuous account of his present or past illness, and that there was no other person available who could furnish this information, excepting Dr. Kidd, of whose assistance he accordingly found it desirable to avail himself. Dr. Quain considered it right to add that he had since been told on the authority of Lord Beaconsfield's most intimate friends that his Lordship had much confidence in Dr. Kidd, and personally attached the greatest importance to his continued presence. He was assured that the proposal to require Dr. Kidd to retire, if made, would have led to the most disastrous results. Dr. Quain desired to add to this statement that immediately after seeing Lord Beaconsfield he had submitted the circumstances of the case to Sir Thomas Watson and to Sir James Paget, of the value of whose opinions it would be needless and unbecoming of him to speak. They both concurred in the opinion that he, Dr. Quain, could have adopted no other course than that which he was pursuing in the peculiar circumstances of the case. Thus, being placed in a position of great difficulty, he had been called upon to perform a duty in which he felt that his decision must be of considerable importance to the profession, and might be of vital interest to the patient and the public; but he had acted according to his clear sense of duty and from no other motive.

The following letter has been sent by Dr. Kidd to the medical journals, in reply to various comments upon the joint attendance which had appeared in them:—

"SIR,—In one of your contemporaries I noticed some remarks elicited by the consultation between Dr. Quain and myself upon the illness of Lord Beaconsfield, in which the professional morality of the proceeding was questioned, and a justification challenged. Speaking for myself alone, may I tender the following reply?

"1. Although, to quote the words used, a reputed homœopath, I desire once for all to disclaim any such party designation. Six years ago I resigned all connection with the homœopathic hospital and society. In a very extensive practice, extending over thirty-four years, I have always adopted that course of treatment which my own study and experience have taught me to be most effectual to my patients. Herein I lay claim to have acted as any man does who is not bound by the trammels of a merely mechanical routine. Like other practitioners, I use the drugs of the British Pharmacopœia; but in many cases I have learnt from experience that what are called 'homœopathic remedies' may be usefully prescribed. Such remedies I freely use in suitable cases, and according to my own judgment. I do not prescribe infinitesimal doses, nor according to the caprice of my patients.

"2. With regard to the co-operation of Dr. Quain with myself, the facts are as follows:—A valuable life was at stake—one precious to Her Most Gracious Majesty the Queen, and to many millions of her subjects. I had been enabled for nearly four years to afford prompt and effectual relief to that illustrious man in many severe illnesses. From the first moment of the present attack I recognized its gravity and danger. For ten nights and days I bore the strain of incessant attention; then her Majesty wished that the responsibility of so momentous an illness should be shared by a consultant. I was asked to make arrangements accordingly. Knowing the satisfaction it would give Her Majesty to have Sir William Jenner's co-operation and opinion, I at once wrote to him. He replied to the following effect: 'Holding as you and I do, different views as to practical treatment, I do not think Lord Beaconsfield's interest could in any way be served by our meeting in consultation; on the contrary, it could not be without risk to him.' Thus, without inquiring as to the manner in which I was treating the patient, Sir William declined to meet me. Before receiving his reply, however, Lord Beaconsfield had selected Dr. Quain, who communicated with me as to how I was treating the case, and upon receiving my assurance that it was on the ordinary principles of medicine, and not homœopathically, he visited the patient; thus fulfilling the spirit of that 'boast of the medical profession, that in the hour of sickness it recognizes only humanity in need of succor.' In this way Dr. Quain and I did not work together without being agreed, nor did either sacrifice his convictions to effect the co-operation; on the contrary, Dr. Quain's great skill was thus made useful to our illustrious patient, and my intimate knowledge of his constitution and of the disease was as helpful to Dr. Quain.

"3. As to the rules of professional etiquette which have been alleged herein to have been violated, it is impossible within the limits of this letter to discuss the entire question; but of this, at least, I am convinced, that, if the boast of the medical profession above set forth is henceforth to remain a living principle of conduct, we must be guided, not by the misleading flicker of prejudice and jealousy, but rather by the clear and convincing light of humanity and common sense.

"Yours obediently, J. KIDD, M.D."

In justice to Dr. Kidd we append his letter to the *London Times*, which shows the relation this gentleman holds to the existing "schools" of medicine.

SIR,—Allow me to reply to one statement concerning myself in the letter from "A Correspondent" in the *Times* of this morning—"but it is a matter for himself alone to reconcile the apparent discrepancy between his former profession and his admitted practice." My practice and profession for many years past have been precisely as they are at present. The following extracts from my book, "The Laws of Therapeutics," the second edition of which was published last January, will prove this:—

"Remedies seem to vary in their adaptability for cure; thus most of the uses of bromide of potassium are very distinctly in a relationship of 'contrary' to its effects on the healthy human body, whereas all or most of the uses of arsenic are in the relationship of 'similar.'"

"Twenty-seven years ago I saw that the essential truth of Hahnemann's law was totally independent of his speculations about 'dynamization.' Adopting with great delight the law of '*similia similibus curantur*' as the chief, though not the only, foundation for therapeutics, I learnt for myself that Hahnemann 'sober,' teaching the use of the pure, undiluted tinctures, was a far better guide to heal the sick than Hahnemann 'drunk' with mysticism, calling for the exclusive use of infinitesimal doses. The latter I gradually cast aside *in toto* as untrustworthy and unjust to the sick, whose diseases too often remained stationary under treatment by globules, but were most effectually and quickly cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses."

"Rejoicing to enlarge the boundaries of knowledge, true science cannot ignore any law, though its sphere of action be limited and not of universal application. Galen's law of '*contraria contrariis*' has its place, and a very prominent place, still, in the practice of every physician. The therapeutic action of certain medicines seems to lie altogether, or nearly so, in that direction—such as the bromide of potassium in epilepsy, sleeplessness, with dreaming, nervous excitement, hysteria, spasms. These are symptoms exactly opposite to the drug action, which proves invaluable in such cases, and not to be despised, although it is but a temporary action requiring frequent repetition and long continuance."

I cling with strong purpose of heart and conscience to the law of homœopathy only because I believe it to be true, and find it every day of my life to be the most invaluable help in curing my patients. The infinitesimal dose I reject as not true and not helpful to the cure of disease. The allopathic law of '*Contraria contrariis curantur*' I use every day also, finding it as essential to the cure of one disease as the homœopathic to another.

The two laws are not antagonistic; they are supplemental, and one supplies the deficiency of the other. Passion and prejudice try to make them look antagonistic. The allopathic doctor's inability to cure many diseases is because he ignores the help of the homœopathic law, of which I am not ashamed. Deprive me of its help, and I should retire from medical practice altogether. I have studied most closely the allopathic system of medicine for thirty-seven years, and I find it "wanting" in one of the greatest aids to the cure of disease, the homœopathic law. I raise my voice in protest at this suicidal policy of "orthodox medicine" scorning and rejecting one of the most precious truths of therapeutics, in place of trying to extinguish a schism by nobly absorbing to its aid the wonderful help of that great law of "*Similia similibus curantur*."

I remain, yours faithfully, JOSEPH KIDD, M.D.

We regret that Dr. Kidd should have been so unfortunate in the selection of language in communicating with a consulting physician as to make it appear as if he would degrade himself to the position of nurse, and we have no idea that he so intended.

It is most amusing to read the diatribes of those who arrogate to themselves all there is to be known in pro-



gressive medicine, and attempt to judge of modes of practice of which they have not the slightest idea. These men condemn and ignore without investigation, as may be seen by their writings! Is this the course which should be adopted by true scientists?

This question of consultation of practitioners of different schools, is one in which the public is deeply interested, as is evidenced by the proposition for legislative enactment, in several States, to prevent the discipline, by bigoted codes, of those who may be called together under these circumstances.

The great body of medical men must take a more liberal and enlightened stand respecting such matters if it desires the support and confidence of the more intelligent masses.

### THE MUSIC OF THE SPHERES.

The poetic ideas of the ancients, in which the spirit world is so linked with the material that every particle of matter seems vibrating with life and yielding ready obedience to thought and will, have proved something more than the license of the poet, and stand out under the revelations of science as veritable facts. The work of Puck in putting a girdle round the world in forty minutes is no longer simply a poetic idea but a sober matter of business—one of the most powerful elements of modern progress and civilization. Another step in the world of science, whose mists slowly vanish as the generations move on, revealing to each as much of truth as it can comprehend or as its necessities require, and we put our fingers on the key-note of the old poetic idea of the music of the spheres, and the vision of the poet fades away as we stand in the presence of the great fact and listen with rapt attention to those strains of harmony with which the air seems vibrating and which come from no human voices and from no human hands.

The experiments of Prof. Bell and Mr. Tainter, showing the almost infinite variety of sounds which can be produced by radiant energy acting upon different substances, and that sonorousness under the action of intermittent light is a property common to all matter, opens the door to a world of investigation the results of which no one can determine.

It was found in the commencement of these investigations that the disks of many different substances emitted sounds when exposed to the action of a rapidly interrupted beam of sunlight, and the experiment was continued to ascertain the best substances to be used and the peculiar tones produced by each.

It was found that when the beam was thrown into a resonator, the interior of which had been smoked over a lamp, very curious alternations of sound and silence were observed. The interrupting disk was set rotating at a high rate of speed, and was then allowed to come gradually to rest. An extremely feeble, musical tone was at first heard, which gradually fell in pitch as the rate of interruption grew less. The loudness of the sound produced varied in an interesting manner. Minor reinforcements were constantly occurring, which became more and more marked as the true pitch of the resonator was neared. When at last the frequency of the interruption corresponded to the frequency of the fundamental of the resonator, the sound produced was so loud that it might have been heard by an audience of hundreds of people.

The extremely loud sounds produced from lampblack demonstrated the feasibility of using this substance in an articulating photophone in place of the electrical receiver formerly employed. In regard to the sensitive materials that can be employed, the experiment indicated that in the case of solids the physical condition and the color are two conditions that markedly influence the intensity of the sonorous effects. The loudest sounds were produced from substances in a loose, porous, spongy condition, and from those that had the darkest or most absorbent colors. The materials from which the best effects have been produced are cotton-wool, worsted, fibrous materials generally, cork, sponge, platinum and other metals in spongy condition, and lampblack. The loud sounds, said Professor Bell, produced from these substances may perhaps be explained in the following manner:

Let us consider, for example, the case of lampblack, a substance which becomes heated by exposure to rays of all refrangibility. I look upon a mass of this substance as a sort of sponge, with its pores filled with air instead of water. When a beam of sunlight falls upon this mass, the particles of lampblack are heated, and consequently expand, causing a contraction of the air spaces or pores among them. Under these circumstances a pulse of air should be expelled, just as we would squeeze out water from a sponge. The force with which the air is expelled must be greatly increased by the expansion of the air itself, due to contact with the heated particles of lampblack. When the light is cut off the converse process takes place; the lampblack particles cool and contract, thus enlarging the air spaces among them, and the enclosed air also becomes cool. Under these circumstances a partial vacuum should be formed among the particles, and the outside air would then be absorbed, as water is by a sponge, when the pressure of the hand is removed. I imagine that in some such manner as this a wave of condensation is started in the atmosphere each time a beam of sunlight falls upon lampblack, and a wave of refraction is originated when the light is cut off. We can thus understand how it is that a substance like lampblack produces intense sonorous vibrations in the surrounding air, while at the same time it communicates a very feeble vibration to the diaphragm or solid bed upon which it rests.

In the series of experiments not a single solid substance was discovered which failed to become sonorous under proper conditions of experiment. Experiments with liquids and gases produced results almost equally remarkable. It occurred to Mr. Tainter that the very great molecular disturbance produced in lampblack by the action of intermittent sunlight should produce a corresponding disturbance in an electric current passed through it, in which case lampblack could be employed in place of selenium in an electrical receiver. This has turned out to be the case, and the importance of the discovery is very great, especially when the expense of such rare substances as selenium and tellurium is considered.

Perhaps the most curious results of the experiments were reached in connection with the solar spectrum. Different substances—solids, liquids, and gases—were used as receivers, disclosing the fact that the maximum of sound produced with them varied in point of position upon the spectrum in a remarkable manner. With the lampblack receiver, a continuous increase in the loudness of the sound was observed upon moving the receiver gradually from the violet into the ultra red. The point of maximum sound lay very far out in the ultra red. Beyond this point the sound began to decrease, and then stopped so suddenly that a very slight motion of the receiver made all the difference between almost maximum sound and complete silence. With red worsted entirely different results were obtained. The maximum effect was produced in the green at that part where the red worsted appeared to be black. On either

side of this point the sound gradually died away, becoming inaudible on the one side in the middle of the indigo, and on the other at a short distance outside the edge of the red. With green silk the maximum was found in the red, with the limits of audition in the blue on the one hand and the ultra red on the other. Hard rubber shavings gave a maximum in yellow. Vapor of sulphuric ether produced no audible effect, until a point far out in the ultra red was reached, when suddenly a musical tone became distinctly audible. Vapor of iodine disclosed its maximum in green. With peroxide of nitrogen distinct sounds were obtained in all parts of the visible spectrum, but no sounds were observed in the ultra red.

These experiments have led to the construction of a new instrument for use in spectrum analysis. The eyepiece of a spectroscope is removed and sensitive substances are placed in the focal point of the instrument behind an opaque diaphragm containing a slit. These substances are put in communication with the ear by means of a hearing tube, and thus the instrument is converted into a veritable "spectrophone."

"Of course," said Professor Bell, "the ear cannot for one moment compete with the eye in the examination of the visible part of the spectrum, but in the invisible part beyond the red, where the eye is useless, the ear is invaluable. In working in this region of the spectrum, lampblack alone may be used in the spectrophonic receiver. Indeed, the sounds produced by this substance in the ultra red are so well marked as to constitute our instrument a most reliable and convenient substitute for the thermopile. . . . I recognize the fact that the spectrophone must ever remain a mere adjunct to the spectroscope, but I anticipate that it has a wide and independent field of usefulness in the investigation of absorption spectra in the ultra red."

### BIBLIOGRAPHICAL.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F.R.C.S. Sixth Edition, Revised and Enlarged., with One Hundred and Fifteen Illustrations. Philadelphia: Lindsay & Blakiston. 1890.

In these days of many books and big ones, too, it is refreshing to find a little book which so fully treats the great subject of minor surgery as does the above manual by Mr. Heath. The medical student and young practitioner takes a great step when he fully appreciates the importance of little things in the practice of medicine and surgery. To know when and how to apply a poultice, to bandage a limb properly, to pass a catheter skillfully—in short, to be a master of the thousand-and-one little things which come before the surgeon every day, is to be far on the road towards a successful practice. The young practitioner is too apt to neglect smaller details and busy himself with the larger problems of his profession, thinking the little things will take care of themselves. An intimate and exact knowledge of the surgical anatomy of hernia is very necessary to the surgeon, but it should not be at the expense of a practical knowledge of the various methods of reducing a hernia.

The above work has been written "to offer to those young surgeons who are holding the responsible post of house-surgeon, or dresser, in the various hospitals and dispensaries, some hints on the treatment of the numerous accidents and emergencies daily coming under their care." The author has been singularly happy in the treatment of his subject; he has avoided writing a big book, and has been at the same time sufficiently minute.

In the Introduction good advice is given the house-surgeon on the ethics and etiquette of the hospital, which it will be well for the *internes* to heed, as much of the profit and pleasure of his hospital life will depend

upon the observance of "The Rules and Regulations." Everyone who has had a hospital experience will appreciate the wisdom of the following: "It can hardly be necessary to deprecate in the strongest terms any undue familiarity between the house-surgeon and the nurses or female patients, which no one who has any proper sense of honor would allow himself to indulge in for a moment."

Chapter I. treats of hemorrhage and the various methods of checking it.

Chapter II. is devoted to contusions, lacerations, burns and scalds, bites and stings, suspended animation, and the removal of foreign bodies from the eye, ear, nose, larynx, trachea, œsophagus, bladder, urethra, rectum, and vagina.

Chapter III. treats of the minor surgery of the bladder and reproductive organs, and hernia.

Chapter IV. is on the immediate treatment of poisoning cases.

Chapter V., one of the most important, gives a short and succinct account of the various minor operations which usually devolve upon the house-surgeon.

The author describes in Chapters VI. and VII. the requirements for an operating theatre, and the preparations for and the various accessories of an operation. The administration of anesthetics and the treatment after operations are here quite fully considered.

Chapter VIII. is devoted to the various dressings and bandages, and the best methods of applying them.

The author has been especially fortunate in his treatment of fractures, discussed in Chapters IX. and X. To condense in a few pages the important facts connected with this department of surgery, requires no small amount of discrimination and epitomizing.

Chapter XI. treats of dislocations, and the various methods of reduction.

Chapter XII. gives some valuable hints in regard to case-taking and case-books; and in the closing chapter is described the proper method of performing autopsies, to which is appended a table giving the average weights of the various organs.

At the end of the book there is a list of the most important pharmacopœial formulæ and diet tables of the principal London hospitals.

The book is on the whole so admirable, and fills so well the place in medical literature the author intended it to fill, that we have deemed it best to give a short outline of its contents, passing over the few points to which exception might be taken.

SURGICAL PRINCIPLES AND MINOR SURGERY. By J. G. Gilchrist, M.D. Chicago: Duncan Bros., 1881.

This manual, for students commencing the study of surgery, is of a very elementary character and scarcely worth the perusal of an advanced student. It is intended as the "initial volume of a series on surgical topics, the first of a series of an ideal collegiate course," and is written in a clear and simple style, the derivation and meaning of every technical word being explained as it occurs.

In the preface the writer says that the cautery, hypodermic injections and blisters, have no place in our armamentarium chirurgicæ. It is a matter of regret that such a statement should appear in one of our most recent publications—in a volume moreover, that purports to be written for the sole object of teaching. In regard to blisters we readily admit that their use is a thing of the past, but the other two agents are indispensable auxiliaries in the practice of a surgeon. We should be very sorry to be without a thermo-cautery, an instrument which seems to act with a virtue of its own as well as a substitute for the knife in the treatment, for instance, of lupus, small epitheliomatous growths, and the like, and is now, moreover, considered a most important adjunct in the treatment of the pedicle in ovariectomy.

As for hypodermic injections, we cannot see how a surgeon can do without them, unless to the detriment of

the patient. It seems superfluous to say that there are numerous instances where their use is indispensable—for example, injections of *Ergot* in the treatment of uterine fibroids, for the administration of stimulants or medicine where the stomach is too weak to retain anything. More than once during the performance of a *capitot* operation where the hemorrhage has been profuse and the administration of the anæsthetic necessarily prolonged have we seen the feeble fluttering pulse brought up by the timely hypodermic injection of whiskey or brandy. We do not consider the preparations for an operation complete unless a hypodermic syringe is at hand, ready for use. Moreover, for the administration of *Morphine* it is certainly the best means, but perhaps in his surgical practice the author never has occasion to use this drug for the relief of pain after operations or in incurable diseases when the patient's sufferings are intense and beyond the hope of cure. These remarks may seem a little foreign to the subject inasmuch as the book does not directly treat of these matters, but such statements unfounded by the experience of the vast majority of surgeons are apt to lead the student astray and cause him to look with disdain upon what is really of great importance.

In the introduction we find some very excellent advice to the beginner. Then follows a chapter or part, the book being so divided, on surgical diagnosis and semiology, and a description of some few of the ordinary instruments of daily use, scalpels trocars and the usual contents of a pocket case. In his remarks on "Manuals for Dressings" the author says that in homœopathic practice such articles as antiseptic cotton treated with borax, salicylic acid, etc., are seldom if ever needed. He is evidently a strong unbeliever in the antiseptic method; and in the part which follows on "Dressings," speaks of that subject rather vaguely, alluding to "strong solutions of carbolic acid" for washing sponges and instruments, without giving any proportions.

Although he may disbelieve in any virtue in antiseptic treatment, and although that subject is still an open question with some few of the best surgeons, the fact cannot be ignored that very many of the most eminent authorities endorse and practice it; and now under its use, better results are apparently obtained. We think that the student would find it of more practical advantage to know exactly how to make a solution of carbolic acid, or of thymol for the "spray," or the washing of gangrenous wounds, than that adhesive plaster is made of resin and plaster of lead in the proportion of six to thirty-six, which the author carefully states. Dr. Gilchrist says he never has used the antiseptic method, and thinks septic conditions can be met more readily with appropriate remedies without it. Next follows a chapter on bandages in which the most common and useful ones are described and illustrated with charts. Several pages then follow on "Permanent Dressings and 'Splints,'" Plaster of Paris occupying a prominent position. We think it more convenient to soak a Plaster of Paris bandage in water and then apply it, rather than to put it on dry and wet it with a sponge or sprinkling on water. After a chapter on the different kinds of materials for splints, we come, strange to say, to one on Bleeding—Phlebotomy. The author explains that there are occasionally cases where this measure is called for—as in coma from intense engorgement of the cerebral vessels. If other methods for relief have failed, we should not, he says, from any feeling of bigotry, refuse to resort to phlebotomy. We agree with him, for certainly no such thing as bigotry should ever deter the physician from employing any measure that will benefit his patient.

Dr. Gilchrist in the next chapter, tells his students how to vaccinate. Here he says that carbolic acid retards putrefaction and destroys the activity of vaccine virus. If it does that, we should think it would possess some antiseptic properties, and would be applicable to wounds, ulcers, etc., when there is a tendency to putrefaction.

In the concluding chapter, the author condemns

vaginal injections. In cases where the flow "is irritating and perhaps malignant with blood and pus decomposing," he thinks that its removal *may* be demanded. Even this is very problematical; at least the indications are not clear to me. He never, he says, has had occasion to resort to such practices. Comment on this remarkable statement seems unnecessary.

The book is printed in clear good type, and is a very neat volume. In spite of its defects it will doubtless prove useful to the class of readers for which it was intended. X.

AN INDEX OF COMPARATIVE THERAPEUTICS. By Samuel O. L. Potter, M.D., President of the Milwaukee Academy of Medicine. Chicago: Duncan and Brothers, 1881.

The author has aimed to present the therapeutics of the two great medical schools in the manner best adapted to comparative study and quick reference. The remedies recommended by eminent and liberal teachers in the two schools, are placed in parallel columns; the drugs, common to both being in *black type*, and following them the remedies, peculiar to each in *italics*, with short and concise medications for their use. Of course an index is not an exhaustive treatise, but it suggests to the mind conditions and remedies, the peculiarities of which the memory will recall, or it will be directed to proper authorities for full study. The book is valuable and will be heartily appreciated.

WAS MAN CREATED? By Henry A. Mott, Jr., E. M., Ph.D. New York: Griswold & Co.

Topsy says she growed, and the world to-day, upon this great subject, is divided into Topsyites and Anti-Topsyites, one answering the author's question in the affirmative, and the other, with equal positiveness, and a long array of scientific and supposed facts, and deductions from both, in the negative. Was man created, or was he evolved from the single cell of protoplasm through successive grades of animal development to manhood? Whether he was evolved from the single cell of protoplasm or not, there is no question but what he is, in more ways than one, a *cell*. But seriously, the question is not one of sympathy or faith, but of simple scientific fact, and must be settled, if it is ever settled, on the basis of fact alone. It requires just as strong a faith in Divine power to believe that man was evolved from the single cell of protoplasm, as that he was created as man. Prof. Mott brings to the discussion an immense amount of scientific research, and handles the subject with great skill and intelligence.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS. By George Henry Fox, A.M., M.D. Forty-eight plates from life, colored by hand, in twelve numbers, at \$3.00 each. New York: E. B. Treat, 757 Broadway.

We have already referred to the great value of this book, and the important position it must take in the library of the physician, not only on account of the life-like accuracy of the plates, but the clear presentation of the most advanced ideas in the text, of the various germs of disease illustrated. The 7, 8, 9 numbers are now ready, and are fully up in excellence and accuracy to the previous numbers.

A YOUNG man in Russia, of decided ability, was attacked by an acute disease brought on by excessive dissipation. After his recovery, he was found to have lost all his mental faculties except calculation and memory. These were increased to such a degree that he could surpass all mathematicians in power of mental calculation, and could repeat poetry which occupied several minutes in reading, after hearing it only once. In all other respects he is a helpless idiot.



# FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK.

From advance sheets of this most interesting and useful report, which should be in the hands of every intelligent person in the State, we make the following deductions:

"Malarial diseases alone have been more widespread than usual, the long-continued high temperature, and the droughts which extensive districts have endured being recognized as the general causes of the excessive prevalence of malaria. Its appearance in places long exempt from it, and the limits of its prevalence have become subjects of practical and important study in many parts of the State. The contagious and spreading diseases, which are domestic pestilences, have come under special examination of this Board during the past autumn to an unexpected extent, though they are prevailing only in limited districts at present. Other diseases arising from preventable causes have been investigated and such sanitary counsel as seemed most needed has been given to the local authorities and the inhabitants.

"SMALL-POX.—Late in the summer, when the small-pox gained a foot-hold in two ward of the city of Troy, it became the duty of the proper officers of the Board to call upon the health officers of all the surrounding cities and villages to take cognizance of their own inevitable exposure to dangers from the contagion developed among a moving and very careless and ignorant class of people. In Lansingburgh, Waterford, Cohoes, West Troy, and Amsterdam, the necessity for arousing the inhabitants to the duty of general vaccination was soon rendered obvious by the discovery of the presence of small-pox in each of those localities. A brief record of an outbreak of this disease among a factory population in West Troy very completely illustrates how recklessly the loathsome contagion is spread among the common people. Eighty persons who were present at an evening party, wearing masks and indulging in hilarity for hours, on sitting down at tables unmasked, noticed in their company one of the dancers who had varioloid eruption upon her face. The hilarity of the crowd continued, and so did the dancing until the party broke up in the morning. The result of this culpable and horrid wantonness of exposure is told in a few words: 'At times, varying from nine to fifteen days, from the date of the party, 22 of the 80 who were present were attacked with varioloid or variola in various degrees of severity. Five of the cases were very severe, but none of them were fatal.' Vaccination has not been well regulated by town and village health authorities as a sanitary duty. The matchless boon by which protection is secured against the most dreaded of all diseases of the human family still has to be urged upon the attention of all classes of inhabitants by the physicians and the few public-spirited people who justly deem it a philanthropic and public duty to prevent the terrible consequences of small-pox.

"DIPHTHERIA AT GENEVA.—Eighty deaths occurred from this malady in that village of seven thousand inhabitants, in a period of fifteen months. The records of its medical officer of health, will be read and pondered with great advantage by all village and city authorities.

"DYSENTERY, AND A COMMON CAUSE OF IT.—The fact that the well-water used by the occupants of dwellings, is accused of causing dysentery in the fourteen families that suffered attacks, though not at first believed by the inhabitants, certainly admits of no doubt. The facts relating to a limited and instructive experience of dysentery, from the most definite local causes, in dwellings along certain low grounds in Tarrytown, are reported for the lesson they teach.

"MALARIA.—Complaints concerning malaria and the local sources of miasmatic diseases outnumber all others received. The evils thus complained of may be summed up as consisting of undrained wet grounds, stagnant pools and partially dried swamps and ponds, and unsewered or badly sewered premises."

## HOM. HOSPITAL COLLEGE, CLEVELAND, OHIO.

### CHAIR OF HISTOLOGY AND MICROSCOPY.

Questions propounded by Prof. J. Edwards Smith, M. D., in examination December 23, 1880.

1. Name the principal constituents of normal healthy urine. 2. State the amount of these, in grains per fluid ounce. 3. Name the abnormal products occurring in unhealthy urine. 4. State the principal characteristics of human urine. 5. Wherein does human urine differ essentially from that of the herbivora? 6. What is the average specific gravity of normal urine? 7. Name the maximum and minimum specific gravity which may occur in health. 8. Knowing the specific gravity, how may we arrive at the amount of solids per fluid ounce? per 1000 grains? 9. To the presence of what substance does urine owe its color? 10. Draw crystals of the triple phosphates; 11. Of basic; 12. Of uric; 13. Of oxalate of lime. 14. What is the action of alkalies on crystals of the triple phosphate? 15. What is the action of acids on crystals of uric acid? 16. Under what conditions may albumen be present without being indicative of organic disease? 17. Name precautions always to be observed in testing alkali neurines for albumen. 18. Four tests have been given for the detection of albumen. Name them. 19. What do you understand by the term "tube cast"? Make a drawing of the same. 20. Of several specimens of urine passed at various times during the 24 hours, which would you prefer for analysis?

### VOLUMETRIC ANALYSIS.

21. Give the formula for the standard solution for urea; 22. For phosphoric acid; 23. For chloride of sodium. 24. What two accessory solutions are used in the analysis for urea? for phosphoric acid? Name each. 25. What solution is used as an "indicator" in the analysis for chloride of sodium? 26. Suppose you use one fluid drachm of urine in the analysis for chloride of sodium, and the burette reads "50," what would be the number of grains of chloride of sodium to the fluid ounce? 27. Suppose in the analysis for phosphoric acid you use two fluid drachms of urine, and the burette reads "40," what would be the number of grains of phosphoric acid to the fluid ounce? 28. Give the formula for Fehling's test for sugar. 29. If, after having diluted an urine with five parts of water, we proceed to analyze the same, the burette reading "114," state the number of grains of sugar to the fluid ounce in said urine.

## CORRESPONDENCE.

DEAR TIMES:—A few notes taken on a flying visit to the "Flour City" from the Queen of the Hudson, Poughkeepsie, may interest your readers.

Appropriately for a flying visit, passage was taken from the wharf at Poughkeepsie, on the "Eagle," and, after a beautiful sail of less than two hours, alighting at Rondout, a half-hour's street car ride found me in the fine old city of Kingston, with some buildings of as great antiquity as anything in our State, and some modern ones as fine as can be found anywhere.

Dr. F. W. Ingall's office was found, and passing into his waiting-room, the genial doctor, on learning that his caller was one of the fraternity, at once and ahead of his turn, invited him into his sanctum sanctorum and welcomed him to a pleasant chat of a few minutes, during which some pleasant notes were given and taken and I can only hope as pleasant impressions were left as were taken away. The doctor, though only in middle life, is the nestor of the profession in Ulster County.

Doctor Schaffer had come out on his round of visits, but his gentlemanly son, a student of medicine, welcomed me to his father's workshop, which in its literature and general appointments bore evidence of the busy and skillful practitioner.

Dr. Montanye, too, was not in his office, but a good-looking citizen, (whose kind and intelligent face assured

me that if he was not a homœopathist he ought to be, volunteered to lead me to his house, as his path lay by it. We met the hale doctor half-way, and he looked like one who had just enjoyed a good dinner and was ready for the busy afternoon's duties.

He found time to give me fraternal welcome, aid me in my special quest, examined, admired and requested the addition of his name to the list of intelligent readers of the *TIMES*.

Dr. Chalker likewise was out, but was spotted and pounced upon while on his duties. He, too, is one of the appreciative patrons of the *TIMES*.

Albany and the office of Dr. Horace M. Paine was made at half past nine next morning. This indefatigable worker whose industry in the *leisure* of a busy practice gave the first ten volumes of the "New York State Homœopathic Transactions" to our literature and our libraries, is still at work; and both he and his estimable wife, whom I met for a moment, are rejoicing in the recuperation of their son, Dr. N. Emmons Paine, who is in the south of Europe for his health. Their numerous friends everywhere will rejoice with them.

Dr. Paine took me to see a patient threatened with typhoid symptoms, in whose case the doctor, posted in every adjuvant to the care of his patient, was using *Ozone*. He told me the typhoid phases of the day before had been decidedly mitigated.

Dr. L. M. Pratt, just half ready to go out, poised himself on the arm of a chair, bade me be seated and took and gave for a few minutes to my great pleasure. Every other Albany physician I called upon, including the Drs. Jones and Cox, were already out on their busy rounds.

At Troy, Dr. Vincent welcomed me and made me happy. I was glad to spend more time here than I had been able to give anywhere before. It was after the mid-day hours of the brethren, and I did not attempt any sociality.

It was very easy to resign myself to the kindly care of Dr. Vincent, who had himself been just where I was. He would dodge out and make one or two visits, then back and narrate cases for me. Why, my good *TIMES*, if you could get from him one-half of the clinical notes he gave me you'd have enough for one number. How much easier it is to talk than write! One case he told me about and then took me in his carriage to see which you must ask him to write out for you, for it is unlike anything of which I have read or heard. Pump him for it.

Utica and Dr. Watson the next morning. The amiable surgeon-general has been working too hard, and good-naturedly tried to make me believe that the only reason why he insisted on taking me in his carriage was to get rid of patients for a while. I know just how he felt and let myself believe I was doing a good thing in keeping him from his work for half an hour as he whirled me through the snowy, slushy streets, while his face grew bright, and the lines of care were blown out in the morning air of that drive.

Dr. Terry was also right in the midst of a busy morning when I dropped in on him, and his student mistook me for a peddler of rubber hand stamps!

He chatted briskly with me for a few minutes, but as I had to take the eleven o'clock train I was obliged to decline his invitation to accompany him at that hour in operating for cataract.

At Rochester, on the third day I found time to call at the office of the Drs. Sumner. I was sorry to learn that the elder Sumner was confined to his room with rheumatism, but glad to see that the younger was worthily filling his father's place.

I met and would like to meet again Dr. F. W. Hartwell, the bright and active secretary of the Monroe Co. Society; and, Messrs. *TIMES*, if you don't get something from his pen it will be because you are not as sharp as some paper in Boston. The next point after seeing my patient here is home and the Dutchess County Society on Tuesday, April 5th, at Poughkeepsie. Yours,

A. P. THROOP.

ROCHESTER, N. Y., Mar. 31, 1881.

## "MEDICAL LEGISLATION."

MESSRS. EDITORS:—Under the above caption there is an article in your last issue, by a person signing himself "E. N. E.," that for unmitigated cheek and impudent effrontery takes the lead of anything it has ever been my bad fortune to come across. As "E. N. E." has deliberately tried to put a stigma on the Maryland State Society, and under a shallow veil of sarcasm to bring the said honorable body into contempt, I think it only just that a refutation of his false charges should be given to the public.

Before stating the true facts in the case, I would say that, as he has charged grave offences and underhand action against the Society, or rather against one of its committees, it would have shown more courage to have written under his own name. The truth in regard to the case is as follows:

"E. N. E." himself made a motion at a regular annual meeting of the State Society, that a bill be prepared and presented to the Legislature, regulating the practice of medicine in the State, and at the same time read a draft of a bill that he, with the assistance of his father, had drawn up.

This bill provided for the establishment of a central examining board, and also for local examining boards, to be composed of physicians from both schools of medicine, and contained a number of objectionable clauses. The draft was referred to the committee on legislation and was, at a called meeting of the same, rejected by a majority vote. The chairman of the committee, at a special meeting of the Society, which was called to receive the report of its committee, read a minority report signed by himself alone, and also read the majority report rejecting the bill on the grounds that it was bad and inoperative, and also that it was inexpedient to take any legislative steps at that time. This majority report was accepted by the Society. "E. N. E." taunts the Society with being afraid to provoke the anger of the allopaths, but we can afford to treat this with the contempt it deserves.

"E. N. E." then announced his intention of proceeding with the bill by himself, and was told that he was at perfect liberty to exercise his individual right to do so; but that he must not use his official position as secretary of the State Society to give him influence with the Legislature. He did proceed with his bill, and as he was known to be secretary of the Society, had much more weight than he was individually entitled to.

Under these circumstances there was but one course open for the committee to take. The Society had adjourned and could not be readily convened; and the committee being the authorized mouth-piece of the Society, they, the majority, simply did their duty in notifying the committee of the Legislature before which "E. N. E." was to appear, that he came before them without any official standing. This was done in a letter to the chairman of the committee of the Legislature.

Now what has "E. N. E." to complain of? Where does the insult come in? If "E. N. E." was not using his official position to lend influence to him, why is he offended? The truth is simply this: He had no standing without that given him by his position, and when that was withdrawn he came to the ground. And because he failed to force a bad bill, one that had been decided almost unanimously to be bad by the Society of which he is a member, he proceeds to gratuitously insult two worthy gentlemen, his superiors in every respect, and his seniors, and in insulting them also insults and contemptuously uses the honorable body of which they are members.

Now, Messrs. Editors, having stated the truth in this matter, I would simply say that "E. N. E." tried to lead the profession in this place by the nose, and failing in the attempt, has tried to revenge himself on the instruments of his defeat.

D. H. BARCLAY, M.D.

BALTIMORE, MD.

## DYNAMISTS.

BY E. N. E., OF BALTIMORE, MD.

The feeling a man has when he reaches out his hand to grasp that of a friend standing upon the opposite side of a chasm, and after an effort finds the space between too great for the manual osculation, is an apt illustration of my feeling when I commenced and when I finished reading Dr. Taylor's article, "The Two Factions," in the April TIMES. This article does not strengthen its author's previously advanced arguments, nor does it meet my objections to his belief. The authorities to whom he refers prove nothing.

If my arguments relative to the infinite divisibility of matter have not convinced Dr. Taylor of its possibility, then further discussion is useless.

As Dr. Taylor has remarked, "the use of the 30ths must depend upon individual experience;" so, by this must I abide and from this must I argue, using the endorsement of the very best authority, Hahnemann.

I have always acknowledged the fact of our inability to discover the presence of matter beyond certain potencies, and I also admit Prof. Cook's assertion to be a fact, when uttered from the premises of our present advantages for the scientific investigation of the subject. But what proof has Prof. Cook or any one else that the molecule or atom now microscopically visible is the ultimate omega of the microscopic alphabet?

We who have proved it know that the 30ths will act, but the reason why we cannot explain. If they do not contain matter, then we know not what to call the inherent power with which they are endowed. That we cannot explain the *modus operandi* of the 30ths' action does not negative the fact of their energy; it only proves the laws of God to be the more mysterious and past finding out. We can do naught but accept the evidence of our senses. Though man's puny knowledge may not furnish a plummet-line long enough to fathom the extreme limit of divisibility of matter, the fact that the 30ths do act remains unchanged.

I will not resort to tautology by a reiteration of former statements, but I simply refer you to a re-perusal of my previous articles upon this subject. The problems I have given our materialistic friends have not yet been solved, and until they can do this we must continue to hold tenaciously to our faith, the faith of Hahnemann.

Dr. Taylor says: "No materialist rejects the 30th dilution *in toto*. We hold that *sometimes* a little drug may yet remain in the 30th. Nay, as a purely fortuitous circumstance the 30th may contain one decillionth of the amount originally contained in the 1st decimal." "My belief (which is that of all low dilutionists) is that the 30ths *sometimes* (but rarely) contain drug matter. And when they happen to contain drug matter, 'they act at all times upon every individual,' in the words of Hahnemann."

Heretofore I held the opinion that the materialists *did* reject "the 30th dilution *in toto*." I had no good reason for thinking otherwise, as all the materialists whom I had ever heard express themselves, unexceptionally did reject them. Now Dr. Taylor, an avowed materialist, states that "*sometimes* a little drug may yet remain in the 30th." If this is the case *occasionally*, why not *frequently*; and if so frequently, why not *universally*? I do not consider Dr. Taylor's admission pure materialistic doctrine. Is it not a slight heresy? Has it not been the object of all materialists to rid our school of the 30ths? I am afraid Dr. Taylor is not so strict a materialist as he claims. A little more liberalism and he will no longer be an exponent of materialism; he will actually belong to the class whose very existence he now denies.

If I have proved "by individual experience," that twenty-four, twenty, ten, or five remedies in our *Materia Medica*, potentized to the 30th centesimal attenuation, have actually cured undoubted aberrations from health, then I must conclude that the drug-representative contains a something more than its menstruum. And as

I have proved the value of certain drugs in this potency, I—according to Dr. Taylor—must have accidentally stumbled upon a number of 30th potencies that, by some "purely fortuitous circumstance," contain some medicinal virtue. This is the only logical inference I can draw.

Under the circumstances, therefore—i. e., having discovered (thanks to Dr. Taylor) such an unusually efficacious set of 30ths—I shall not part from my valuable armament upon any terms.

But there is one thing I do not find, and it is this: my potencies do not "act at all times and upon every individual"—*unless they are indicated*.

Now as to Dr. Taylor's friend, in the letter quoted, accusing me of misapprehending Dr. T.'s views: I am sorry the English vernacular is unable to convey the fact of my thorough understanding of the belief of materialists; for I really cherished the idea that I did understand Dr. Taylor's perfectly plain presentation of his belief. The point, however, of greatest import to me is the fact that I have been unable to explain sufficiently to Dr. Taylor and his friend the belief of the dynamists, and to establish to their satisfaction the fact of the existence of three factions in our school.

Sophistry cannot prove the non-existence of the dynamists; we have "a local habitation and a name." This is one of the stubborn facts.

Dr. Taylor believes the 30th potency will sometimes act; *ergo*, we have no quarrel—our argument is concluded.

My controversy is with the *exclusive* low dilutionists. Dr. Taylor is not of this number; he is an unfledged dynamist; his feathers will grow with his belief in the infinite divisibility of matter. When his belief is matured, when he accepts this great truth of the divisibility of matter, we will welcome him to our ranks with the warm grasp of fraternity. Like the myope who steps into a new world with his first pair of glasses, he will then see a new beauty in our sublime law, of which he is now ignorant.

It is strange how two minds will often strike and work the same vein of thought. While the following article was in preparation, in all probability Dr. A. McNeil was writing his criticism upon Dr. H. W. Taylor's article, "Hahnemann's Law of Dose." In this article Dr. Taylor attempts to extract from the "Organon" an endorsement of his views about high potencies, but as to the success of his attempt I refer the reader to Dr. McNeil's article, April TIMES, page 21.

My paper was purposely withheld until this date because I anticipated a reply from Dr. Taylor to my last article on dynamization; I therefore offer no excuse for its publication, knowing that the two articles will not interfere with each other, but will simply endorse and corroborate the mutual convictions of Dr. McNeil and myself. Without further preliminaries I will proceed with my paper, which I have entitled—

## A FRAGMENT OF HAHNEMANN'S BELIEF.

Of all the books possessed in our library of homoeopathic literature, I think the one least read is the book containing the principles and laws governing homoeopathy—Hahnemann's "Organon of Homoeopathic Medicine." This is wrong, and is, I believe, the principal cause of the existence of extremists in homoeopathy.

Were I to ask how many graduated homoeopathic physicians have not read the "Organon," I am afraid more guilty consciences would respond than for the honor of our school we could wish. There are physicians who do not even possess a copy; then there are others who do read the "Organon," but—from the evidence of their writings—they would do less harm did they read even less, for what they do read they do not "mark, learn, and inwardly digest," as they should do, but twist and pervert the author's meaning to suit their uncatholic belief.



The opinions of these men are unsustained save by arguments based upon a few sections, which are construed to suit the individual, and frequently convey erroneous interpretations of the belief of the author of the "Organon."

I believe there is no religious creed under Heaven that cannot find its justification in some fragment of the Bible; but accept the whole book and creeds vanish, leaving only the fundamental essential truths of the Christian religion.

So it is in medicine.

Man may theorize and prove the most illiberal dogmas by a few sections from the "Organon," but unless they can bear the full light of the book, discard them; such creeds are worthless. Truth courts investigation. It will bear the full blaze of the noonday sun, or it will emerge undaunted from the gloom of the darkest night, else the name of Hahnemann would find its only record on the obscure and time-worn pages of Hufeland's journal.

A few years ago when homœopathy was in its infancy, its life was threatened by the allopathic Herods of the day, but now, with the vitality of early manhood, the efforts of allopathy to repress the truth are only ludicrous. The great danger threatening homœopathy today is from those of its own household. The attempt to establish dogmas which destroy the full worth of Hahnemann's teachings, threatens to lead men away, and the consequence is the actual or virtual recognition of various factions, all claiming to be in the right.

One faction, the high potentists, as represented by the International Association—the altissimists of whom we have spoken—has stepped beyond and above the teachings of the master, and (theoretically, some say) use nothing but the high potencies—a great many of them not potencies at all, but fluxion dilutions—condemning all who will not accept their ultra views as "mongrels," a kind of hybrid between a homœopath and an allopath.

The other class, the materialists, the exclusive low potentists, anathematize the altissimists and call them "fanatics"—a species of lunatic not quite sufficiently insane to be placed under restraint—and have finally made an attempt to prove that Hahnemann prophetically recognized them to be the "chosen people."

Did either faction successfully substantiate such an assertion, Hahnemann would be proved a weak-minded old man, who, having once stumbled upon the therapeutic law of cure, had not the ability to prove certain accompanying principles, which therefore are mere dogmatisms. But fortunately for our faith in the greatness of this profound scientist, the attempt to prove Hahnemann's disapprobation of the high potencies is simply a ludicrous farce, unless the 30th be considered a low potency.

Apropos to the subject, on page 285 of the March No. of the TIMES, Dr. H. W. Taylor quotes a part of Section 32 of the "Organon," with a parenthetic comment evidently for the purpose of proving, or more mildly, allowing us to infer, that Hahnemann obtained medicinal aggravations from low potencies alone, and being a conscientious scientist, he used low potencies only, viz.: "Every real medicine [mark this, ye Lippes and Finckes!] will at all times and under every circumstance work upon every living individual, and excite in him the symptoms that are peculiar to it (so as to be clearly manifest to the senses when the dose is powerful enough) to such a degree that the whole of the system is always (unconditionally) attacked, and in a manner infected by the medicinal disease, which, as I have before said, is not at all the case in natural diseases."

Be it understood I am neither a Finckete nor a Lippeite, but why Drs. Fincke or Lippe should especially mark this section I cannot understand, as it neither endorses nor condemns their belief.

In this section Hahnemann refers to the action of drugs upon the healthy body, i. e., to provings. Logically, therefore, this section is not relevant to the point,

and has nothing to do with Hahnemann's belief in the use of drugs in disease. In health the functions of the body are more difficult of disturbance than in disease, therefore a smaller amount of a drug may cure than will produce a disease.

Nowhere in the "Organon" can we find proof that its author did not believe in high potencies; on the contrary the very opposite is taught. Hahnemann was a consistent scientist, and he used the potencies that *did* produce medicinal aggravations; and as he frequently used the 30ths, we know that he considered high potencies as medicinal agents capable of producing medicinal aggravations.

Dr. Taylor or any other materialist is at perfect liberty to disprove this—if he can.

I will transcribe the following from the "Organon" for the benefit of the few who may yet be sceptical, though did these sceptics read this book as an entity, for the purpose of comprehending the belief of its writer, and not to prove some dogma, such an explanation as I am attempting would be unnecessary:

\* "§ 160. As a homœopathic dose, however, can scarcely ever be made so small as not to amend, and, indeed, perfectly cure and destroy the undisturbed, natural disease, analogous to it, and of recent origin, (§ 249, note), it may be readily conceived wherefore a suitable homœopathic remedy, *if not given in the very smallest dose*, should always occasion, in the first hour after its administration, a remarkable homœopathic aggravation of this nature." (The italics are mine.)

The note under § 249 says: "All experience teaches us that scarcely any homœopathic medicine can be prepared in too minute a dose to produce perceptible benefit in a disease to which it is adapted," etc.

Note to § 253: "But the signs of amendment furnished by the mind and temper of the patient, are never visible, (shortly after he has taken the remedy) but where the dose has been *attenuated to the proper degree*—that is to say, as much as possible. A dose stronger than necessary (even of the most homœopathic remedy) acts with too great violence and plunges the moral and intellectual faculties into such disorder that it is impossible to discover quickly any amendment that takes place." (I may here offset Dr. Taylor's admonition to the altissimists, by advising the materialists to "mark" this sentence.)

"I must observe in this place, that it is the common fault of physicians who go from the old school of medicine over to the homœopathic, to violate this most important rule. Blinded by prejudice, they avoid small doses of medicine attenuated to the highest degree, and thus deprive themselves of the great advantages which experience has a thousand times proved to result from them; they cannot accomplish that which the true homœopathist is capable of doing, and yet they falsely declare themselves his disciples."

"§ 275. The appropriation of a medicine to any given case of disease does not depend solely upon the circumstance of its being perfectly homœopathic, but also upon the minute quantity of the dose in which it is administered. If too strong a dose of a remedy, that is even entirely homœopathic, be given, it will infallibly injure the patient, though the medicinal substance be of ever so salutary a nature; the impression it makes is felt more sensibly, because, in virtue of its homœopathic character, the remedy acts precisely on those parts of the organism which have already been most exposed to the attacks of the natural disease."

These are forcible tenets in the creed of the founder of homœopathy, too important to be ignored. And as Hahnemann is not known to have written a recantation, we must accept them as his belief concerning high potencies.

I do not think it necessary to be any more explicit in my remarks. I cannot see how it is possible for any one

\* It is charitable to suppose that when Hahnemann speaks of "dose," he means real medicine and not an imaginary agent.—Ede.

to misunderstand me, for in this instance I am not trying to prove the efficacy of high potencies, nor do I wish any one to feel that I suspect him of concealing a pair of long ears if he does not believe in them; I am simply trying to prove to even the most skeptical, the fact that Hahnemann did believe in high potencies.

And now in conclusion let me offer a little advice to those who by past experience we are led to believe may need it in the future:

Never utter publicly a pet theory unless facts substantiate its plausibility.

Do not again try to prove Hahnemann's disbelief in the 30th potency.

Do not waste time in seeking an indorsement of materialism in the "Organon;" you will never find it.

First "be sure you're right, then go ahead."

All this is hard for an extremist, but the wisdom of the plan deserves consideration; the result justifies it.

One other point and I have done. Dr. Taylor speaks so emphatically about the absolute necessity of producing a medicinal aggravation to cure homoeopathically, that we naturally conclude he never cures a case without this unpleasant accompaniment.

In fact the Dr. lays even more stress upon this exacerbation than does the master. I am perfectly familiar with the import of Section 379, but there are some extenuating sections preceding this final deduction, as, for example, a part of Section 156: "But these differences which are of little import in a case that terminates in a short time, are easily effaced by the energy of the vital principle, and the patient does not perceive it himself, *unless he is excessively delicate.*" (The italics are mine.)

There are consequently some exceptions to this "law of dose," *e. g.*, those persons suffering from acute diseases who are not "excessively delicate."

Fortunately for the physical integrity of the human race, there still remains a goodly number of sturdy specimens, and to them we must look for the exceptions.

Recognizing this fact, we must consider the so called infallibility of this law of dose, questionable, to say the least.

There are few men in active practice, who do not daily see cases improve without perceptible medicinal aggravation, subjective or objective, although the homoeopathic remedy has been given.

Hahnemann was a scientist and aimed to practice medicine scientifically; for which purpose he reduced the dose to the minimum to avoid too great aggravation. Reasoning from this hint, if it is scientific to reduce medicinal aggravation to its minimum, is it not more scientific to cure *without* this over-plus action? In Section 159 is an endorsement of the idea:—"The smaller the dose of the homoeopathic remedy, the slighter the apparent aggravation of the disease, and it is proportionately of shorter duration."

It was this very aggravation that Hahnemann was trying to avoid when he began to potentize, and as may be seen, he approximated, but did not reach the desired end. Having first considered the exceptions, he made a final synopsis of his views concerning a majority, in Section 379.

From my arguments upon the subjects discussed, I deduce the following inductions:—1st, Hahnemann believed in the efficacy of high potencies, and used them to cure disease. 2d, Medicinal aggravations may be produced from both low and high potencies. 3d, Medicinal aggravation is not the infallible law of dose, but it is a fallible rule, having many exceptions.

GOITRE.—Dr. Stevens, of Quebec, reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman of forty. The dose was ten grains three times a day; the tumors entirely disappearing at the end of three months.

## SOCIETY REPORTS.

### HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

NEW YORK, April 18, 1881.

A regular meeting of the Society was held at the Ophthalmic Hospital, 34 members being present; Wm. H. White, M.D., in the chair.

S. H. Vehslage, M.D., and Charles G. Schlick, M.D., were duly elected members.

J. E. Russell, M.D., 429 19th st., was nominated for membership.

John S. Linsley, M.D., read a paper entitled "The Sanitology of Odors." (See other columns.)

J. H. Demarest, M.D., said he had used the ozone generator in the case of a patient suffering from bronchial asthma, and had found it very efficacious.

J. W. Dowling, M.D., said that the students up stairs had complained this winter of the impure atmosphere of the lecture rooms, which could not well be ventilated without exposure to cold. Two ozone generators were placed in the upper portion of each room, with most satisfactory results.

J. M. Schley, M.D., read a paper on "Ascites Chylous," in which he described the case of a patient now under his care, who had lived longer after the first tapping than had occurred in any other case recorded in medical literature. The patient, Mr. W. C. H., of Connecticut, aged 66, had suffered somewhat from asthma for some years prior to 1879. On the 7th of May of that year he was taken with a very violent attack of the disease, from which he was relieved by inhaling chloroform. About the middle of July he had another similar attack; and about the last of September still another. In October, 1879, he consulted Dr. Schley. At that time he was well nourished, weighed about 175 pounds, and measured about 5 feet 8 inches in height. He complained principally of dyspnoea on exertion and of cough. On a careful examination all that was found was bronchitis diffusa; mitral insufficiency, with slight enlargement of the left ventricle of the heart, extending a few lines beyond the mamme; and insufficient tricuspid valve. The liver was normal in size. There was slight oedema pedum; and some albuminuria. The uvula was very much elongated, and was removed. About a week afterwards his cough had nearly left him, and in many ways he was improved. The oedema pedum, however, had extended, and the cellular tissue was very much infiltrated up to the thighs. Some ascites had set in also. From this time his condition rapidly grew worse. His daughter, who was in constant and close attendance upon him, states his condition and treatment from this time up to March last as follows:

"The swelling began at his feet and went up till it reached his eyes. In December, 1879, he commenced to take vapor baths, at first twice a week, then every night till January, 1880. His greatest size was 54 inches. He began to decrease in size until he reached 43 inches in January. Then he filled up again and was reduced by the baths and the *Digitalis* mixture. In May and the fore part of June he was very comfortable except for weakness. In the latter part of June he took cold, from which time he increased in size. He took the *Digitalis* mixture twice and three times a day, which kept him from increasing. He measured about 47 inches. In September he began to take *Elaterium*, after which he was comfortable for about two weeks; he then took it again with the same result; the third time it weakened without helping him any. He went until October 9th, when he was tapped; size 47 inches, reduced to 37 inches; 13 quarts taken away. Tapped again Nov. 19th; size 47 inches, reduced to 39 inches; 13 quarts. Tapped Dec. 20th; size 45 inches, reduced to 40 inches; 12 quarts weighing 25 lbs. Tapped Jan. 15th, 1881; size 45 inches,

reduced to 39 inches;  $12\frac{3}{4}$  quarts. Tapped Feb. 12th: size 47 inches, reduced to  $39\frac{1}{2}$  inches;  $18\frac{1}{2}$  quarts, weighing  $27\frac{1}{2}$  lbs."

He was tapped on Mar. 17th and on April 10th of this year. Each time his breathing, etc., were immediately relieved. The case when first seen by Dr. Schley presented nothing unusual. The ascites followed the anasarca. The fluid first drawn from him ran out freely through the trocar. Dr. Dillow examined it and found it to be chyle. The treatment consisted of hot vapor baths, *Digitalis* mixture, *Elaterium*, and for the last eight or ten months he has been taking *Ars.* and *Phosph.* 2nd trit., and occasionally *Collinsonia* 3 x trit. for hæmorrhoids, from which he suffered. The tapping was performed as a last resort, the patient complaining bitterly of dyspnoea and being too weak to take the vapor baths, *Elaterium*, etc., any longer.

On March 25th last he was examined with the following results. His greatest measurement was  $40\frac{1}{2}$  inches. The lower portion of the left side of the thorax bulged in, and near the region of the heart, the left side measuring 18 inches, and the right side 17 inches. The pectoral muscles were somewhat thicker on the left side. On deep inspiration the left lung moved less than the right, and that portion of the left lung making any exertion was limited to the clavicular region. The veins over the left thorax were much enlarged; on the right side they were normal. On percussion the right side was resonant throughout. There was slight dullness from the lower border of the 4th to near the 6th rib on the right side near the sternum. On the left side in the supra and infra clavicular space there was a clear resonant sound on percussion. Below the 3d rib, about  $1\frac{1}{2}$  inches from the sternum, there was a duller tone on percussion, gradually passing into a flat sound downward and outward. Beyond the mamme towards the axillary line the flatness was most marked. The heart could be distinctly felt pulsating and the apex was in a direct line with the mamme. It was enlarged both to the right and left. On auscultation in the infra-clavicular space harsh breathing was heard. From the 4th rib down in front and in the axillary region there was no respiratory murmur. Vocal fremitus and resonance were absent. With the first sound of the heart there was a systolic murmur at apex. The second sound was not markedly altered. The aortic sounds were weak. Between the 5th and 6th ribs on the right side there was a distinct systolic murmur, not propagated to the left, upwards or downwards. There was no pericardial rubbing and no pain about the chest. On the left side, on the post wall of the thorax, the percussion sound was dulled up to the middle of the scapula. The vocal fremitus and resonance were slightly increased over the right side, and at the base there were mucous râles. There was no pleuritic rubbing. From the middle of the scapula up, the percussion sound is normal. The breathing is harsh, the vocal resonance and fremitus as on the right side. In front the intercostal spaces bulge. On the right side the percussion sound is slightly tympanitic throughout, except where the right side of the heart has pushed the lung away from the thoracic wall. The pulse is regular and about 72, suspiciously full and easily compressed. When the patient is on his feet the greater part of a day, his limbs swell some as far as the knee and pit on pressure. The bowels are regular, the appetite good, and until the accumulation of fluid in the abdomen presses up the diaphragm to an uncomfortable extent, he can lie down and sleep well. The urine has been highly albuminous from the first, varying from 15 to 40 per cent. Until three months ago Dr. Schley was unable after repeated microscopic examinations to detect any kidney cells or casts, but since then on several occasions he has found granular and epithelial casts. In his opinion, the thoracic duct is lacerated, for by measurement the patient is found to make a pint of chyle or one pound daily, which escapes into the peritoneal cavity, producing there no inconvenience except from its loss and cumbersome

weight. Notwithstanding the enormous and continuous drain upon his system, he has slowly gained in flesh from the time of the first tapping in October. He partakes largely of pure country milk, some of which is no doubt absorbed immediately in the stomach. The condition of his chest has changed little since Dr. Schley first saw him 19 months ago. His pulse is not so full as it was then and his heart has been pushed over an inch or more into the right thorax. At one time both pleural cavities and pericardium contained large quantities of exudation. His liver has not been found appreciably enlarged after the tapplings.

Dr. Schley closed as follows: "There are many questions about this case that I have asked myself repeatedly and which I have been unable to answer satisfactorily. The first is, what caused this intense anasarca, ascites, hydrops pericardii, etc.; and second, in what relation does this growth, (or encapsulated pleuritic effusion,) stand to the rupture of the thoracic duct; or did it occur when this general serous effusion was at its worst? For more than 9 months he has been free from any anasarca worthy of mention and that which does occur may be caused by his anæmic state. He lost his cough entirely six weeks after the removal of his palate. The albuminuria (kidney disease did not exist at the time) could not account for it. I have finally come to the conclusion that it was caused by the unsatisfactory state of his circulation. I diagnosed on my first examination hypertrophy of the left and hypertrophy and dilatation of the right ventricle, with insufficiency of the mitral (slight murmur) and tricuspid. If this be in fact the cause of the once intense universal anasarca it is remarkable that we have no return of it. May it be possible that the Phosphorus and Arsenic which he has taken diligently for six months, has so strengthened his heart muscle and equalized his circulation, that as yet we have no return of these ominous signs? I have no doubt but what I will be granted an autopsy and my diagnosis will be sustained or found deficient. Whatever the result may be it will find its way into print." Specimens of the chylous fluid taken from the patient were exhibited.

J. W. Dowling, M.D., said that although it might be true that the thoracic duct was ruptured, yet he thought all the symptoms—the venous engorgement, the albuminuria, the chyle in the abdominal cavity, the dropsy, the dyspnoea, and the dullness on percussion over the lung area—might be accounted for by the valvular insufficiency at the left side of the heart. If the thoracic duct should be found to be ruptured he would ascribe that to the same cause.

Dr. Schley said that his diagnosis of the case at present was that the patient was suffering from mitral insufficiency, enlargement of the left ventricle, hypertrophy and dilatation of the walls of the right ventricle, making the tricuspid orifice insufficient; and he still believed that there was more than a simple percolation of chyle through the chyle ducts of the abdomen.

J. M. Schley, M.D., also exhibited specimens of diseased and normal kidney. In the first case presented, the patient suffered from enlargement of the left ventricle, without any valvular disease. The pulse was hard and full and not compressible. He had suffered for years from dyspepsia. He finally died of pneumonia. The post-mortem examination showed the left ventricle hypertrophied and the walls thickened and a granular condition of the kidney. Dr. Schley had suspected granular trouble in the kidney, and had therefore carefully examined the urine, but was unable for a long time to find any albumen or casts; but finally after some 10 or 12 examinations he found traces of albumen and once found casts. He had no doubt that the kidney difficulty had existed for years and was the cause of all the patient's troubles.

The second case was of a lady who died in an uræmic condition. Her symptoms had been very peculiar; and Dr. Schley was invited to help make the autopsy. On



the post-mortem nothing was found to account for her death but the condition of the kidneys. She had no valvular disease. There was sarcoma of the left ovary. The left kidney was entirely broken down into a cystic mass. The specimen exhibited was from the right kidney. A few hours after the patient died the urine was removed and was found to contain casts and a large amount of albumen. There was a small cyst in the kidney exhibited. The disease seemed to be a combination of granular kidney with an atrophic form of what is called the smooth large white kidney. Dr. Schley believed that a great many cases of chronic granular disease of the kidney were overlooked because physicians did not examine the urine a sufficient number of times. He thought kidney disease was on the increase in this country.

J. W. Dowling, M.D., expressed the opinion that the hypertrophied condition of the walls of the blood vessels themselves, causing an actual obstruction to the emptying of the left ventricle, would account for the hypertrophy of the left ventricle and also for the dilatation of the aorta.

Dr. Schley thought that the left ventricle became hypertrophied in consequence of the increased exertion made by the heart to overcome the obstruction to the passage of blood into the kidney, and that the thickening of the walls of the vessels was the result, not the cause, of the hypertrophy of the left ventricle.

Dr. Dowling said that if the left ventricle was hypertrophied in every case of sclerotic kidney all authorities would concede that the obstruction in the kidney produced the hypertrophy; but the left ventricle is not in fact hypertrophied in every case.

Geo. M. Dillow, M.D., read a paper on "Some Pathological Indications for the Treatment of Chronic Parenchymatous Nephritis." The disease to which this name is applied, he said, is an intra-tubal disease, in which the rod-like epithelium of the tubuli contorti and of the large branches of Brule's loops have become swollen, more clouded, and granular. As a consequence of the tumefaction of the cells there is diminished calibre, or even occlusion, of the convoluted tubes, which become distended, varicose and more closely crowded together, thus increasing the volume of the cortical substance, and giving to it an ivory white appearance. There is also found fibrinous exudation into the various tubes. Many other symptoms occur if the disease is prolonged; together with complications with interstitial and lardaceous forms of kidney disease. The signs of the disease are scanty and highly albuminous urine, containing casts of various kinds, with anemia, prostration, early anasarca, and perhaps hydro-pericardium, hydro-thorax, ascites, and oedema of the lungs and brain. Its immediate exciting cause can often be traced to prolonged exposure of the skin to a damp cold atmosphere, to exposure to cold when over heated or in a state of intoxication, to the exanthematous diseases, and to renal irritants, as alcohol, etc. Its duration is generally limited to a few months; and its tendency is to recovery, if properly treated. Persons suffering from it should use flannel under clothing, and their skins should be carefully protected from draughts of cold air. Warm baths should be used according to the strength of the patient; but profuse diaphoresis should be avoided. The aim should be, not to divert the water from the kidneys, where it is imperatively needed, but only to keep up a gentle, constant, free action of the skin. The bowels should be kept normally open by Homoeopathic medicine or by enemata if necessary. The diet should be spare, and much nitrogenous food is contra-indicated. Water should be drunk freely, because it relieves congestion of the kidneys by flushing the tubes, washing out the casts, and promoting the elimination of urea. These means will often effect a cure without medication. The tendency of the disease towards recovery should make physicians cautious in their clinical deductions; and reliance is to be placed

rather upon the similarity existing between the results of drugs and the morbid manifestations. Dr. Dillow discussed the following remedies as showing an effect more or less analogous to chronic parenchymatous nephritis:—*Apis*, *Arsenic*, *Cantharides*, *Mercurius Corrosivus*, *Phosphorus*, and *Terabinthina*.

F. H. BOYNTON, M.D., Secretary.

## TRANSLATIONS, GLEANINGS, ETC.

ON THE PREVENTION OF CONGENITAL DEFECTS AND HEREDITARY DISEASE BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE MOTHER DURING PREGNANCY.—An able and very suggestive paper on this subject, by Dr. J. C. Burnett, was read before the British Hom. Congress held at Leeds, Sept. 9, 1880. The Doctor details his treatment in the case of a lady who had borne three children, of whom the first was perfect, the second had only a slight defect in the upper lip, while the third had double hare-lip. As the mother was in apparently good health with these, all equally, he gave it as his opinion that her next child might be expected to have hare-lip also, a little worse than the last, and perhaps even cleft palate. He expressed himself as thinking hopefully of properly directed medicinal treatment of the mother during pregnancy, and it was arranged that she should be placed under his treatment if that state should occur. The surgeon who had operated on the third child and the family accoucheur, who had assisted at the operation, were also consulted, but these gentlemen laughed at the idea, and said the only thing for it was operation, prevention being out of the question. Nevertheless Dr. B. worked at the problem until he arrived at the conclusion that development, in this case, became arrested from a lack of lime life. Then the next point was—which salt of lime? Here the psoric constitution of the mother pointed to *Sulphur*. The Dr.'s conception was not that there was an actual lack of lime, as such, but rather a lack of assimilative or developmental power of the lime-function, in the sense of Moleschott and of Schussler, and that struma or psora (= morbid x) was the hindering agent. He therefore decided on *Calcareo sulphurica*, and believing that it was quality that was required, and not quantity, he determined on the sixth centesimal trituration. In a short time the lady was believed to be *eniente*. *Calcareo sulphurica*, 6th trit., one grain night and morning, was prescribed. She continued to take it until the end of the seventh month of pregnancy, and during the last two months she took *Lithium carb.*, and at full term she gave birth to a healthy and perfect child. In due course a second pregnancy took place. The same course of treatment was adopted, and with the same happy result, viz.: a perfect child. In connection with this experience Dr. Burnett refers to an interesting paper published in the *Practitioner* for Dec., 1878, in which Dr. T. P. Tuckey relates his treatment in the cases of two women. The first of these was the mother of six children, every one of whom had hare-lip, two having also had cleft palate. During her next pregnancy Dr. T. prescribed a mixture whose essential parts were *Lime*, *Phosphorus*, and *Magnesia*. The woman took it regularly till the fourth month; she went her full term, and was delivered of a girl without a trace of deformity about her lips or palate. The child was healthy and strong. Hearing of this case, the second patient sought Dr. Tuckey's advice. She was the mother of eight children, most of whom had cleft palate and hare-lip; in four of them the hare-lip was double, and more shocking objects of deformity he had never seen. The woman believed herself pregnant, and was at once put on the mixture. She went her full time, bore a girl without hare-lip, indeed, but who evidently had had one in utero, for the lip, though united, was united crookedly, and one side was puckered up, as if by a slight and narrow burn. (*Hom. World*, Oct., 1880. *N. A. J.*, Feb., 1881.)

**THE ACTION OF INFINITESIMAL DOSES.**—From A. H. Z\*. (Translated from L'Homœopathie Militante, by A. McNeill.) According to Trousseau and Pidoux, infinitesimal doses of *Mercury* preserve all the precious virtues of the *Merc.* without retaining the evils with which it has been justly blamed.

The knowledge of the therapeutic action of infinitesimal doses is tolerably old and very wide spread. Let us hear the testimony on this subject—the learned authors of "Traité de thérapeutique et de Matière Médicale."

"Skillful and experienced practitioners, they say, page 205, in the first volume of their classical work, fear to administer directly *Mercury* in any form to children and very weak patients; they employ it indirectly and give it to women and female animals; the milk obtained thereby has become so much more precious, as it has all the curative virtues of the *Merc.*, without the usual injurious effects which have been justly attributed to it. Daumond made mercurial inunctions on asses, cows and goats in order to obtain milk for the nourishment of patients in whom *Merc.* was indicated. (Traité de Physiologie de Jean Thérapie du Fieu; Lyon, 1763.) Asailline administered the milk of a goat to which he had given *Merc.* (Essai médicaux sur les vaisseaux lymphatiques, Turin, 1787.) In the hospital, for foundlings in Paris, they gave *Merc.* to the wet nurses of children with small-pox. (J. Colombier, Histoire de la Société de Médecine, 1799, page 181.) This mode of administering *Merc.* has not only been employed in the Paris Foundling Hospital, but in all the large cities; we ourselves have adopted it in the Hospitiaux Nécer.

"M. Domoiseau, at the instance of several physicians, established an institute in Paris, where he subjected asses and goats to external and internal treatment with *Calomel* and *Corrosive Sublimate*, the milk of which was immediately sent to residences. M. A. Lebreton, one of the distinguished obstetricians of the metropolis, has had very frequent opportunities to treat children and weakly people in this who could bear *Merc.* in no other form. (Journal des connaissances médico-chirurgicales." Tome IV, p. 200.)

This medical milk, according to the best chemists, contains only unappreciable, imponderable, infinitesimal medical substances, on which no chemical re-agent has any effect; nor is it discoverable by the microscope or spectrum analysis.†

Dr. O. Kahler reports in his Investigations of the milk of women during inunction cure, in the Prag. Viertel, 1875, Band 7, page 380, said that he repeatedly made examinations of the milk of women after inunctions. He published three observations of syphilitic wet nurses, who were under the inunction treatment; he could not find the slightest trace of *Mercury*; and yet chemistry can discover the smallest quantity of *Merc.*

Petroz and Guibourg, pharmaceutical chemists and members of the "Paris Academies Sciences," have discovered the Sublimate in the 15 centesimal dilution.‡

Ch. Mayerhoffer examined with the microscope, Hahnemann's preparations of *Merc.* and discovered molecules of *Merc.* in the ninth dilution; i. e., he saw the trillioneth of a grain of that metal. Drs. Rummel and Léguin have reached still more brilliant results by spectrum analysis, which were afterwards confirmed by Bunsen and Kirchhoff in the spectrum.

The quantity of *Merc.* which is contained in the Mercurialized milk is infinitesimal; and yet these infinitesimal doses act more favorably than massive doses. Even the allopaths assure us of this.

**THE gratitude of the patient!** I know that it is part of the disease. It is pronounced during the fever, cools down in convalescence, and is cured when health returns. —*Baudry's Aphorism.*

\* Band 96, page 166.

† Gaillard, l'Homœopathie vengée, Paris 1869, page 332.

‡ Jourdan de l'Académie de médecine de Paris in "Introduction à la matière médicale pure de Hahnemann," Tome I, page vii.

#### VALUE OF HOMATROPINE IN OPHTHALMIC PRACTICE.

—Dr. F. C. Hotz contributes an article to the *Chicago Med. Journal and Ex.* for Feb, 1881, in which, after detailing several observations, he thus sums up the comparative advantages of this agent, when used as a mydriatic. Both *homatropine* and *atropia sulph.*, are equally prompt in dilating the pupil and in suspending the power of accommodation; but it requires almost two weeks for an eye to recover from the effect of a one per cent. solution of *sulph. atropia*, while the effect of a solution of *homatropine* of equal and even much greater strength, subsides entirely within twenty-four hours. This rapid but brief effect of *homatropine* at once determines its relation to *atropia* in ophthalmic practice. It cannot be used advantageously (and consequently will not displace *atropia*) in the treatment of iritis and kindred diseases in which a continued uniform mydriasis is of paramount importance. And this is a very fortunate circumstance for the patients, inasmuch as *homatropine* is a rather expensive medicine. But *homatropine* will be employed in lieu of *atrop. sulph.*, whenever we desire to dilate the pupil temporarily for the purpose of ophthalmoscopic examinations, or whenever we wish to suspend the accommodation in testing the eye for certain anomalies of refraction. For such purposes *homatropine* is the mydriatic *par excellence*, and possesses great advantages over *atrop. sulph.* It removes many annoyances which patients had to submit to in using *atropia*. With *atrop. sulph.*, it requires from seven to twelve days before the natural size and mobility of the pupil are restored; with *homatropine* hardly as many hours. It is a matter of no small consideration for a business man to be deprived of the full use of his eyes for nearly two weeks; and in the case of a child, people dislike very much the idea that it will be unable to attend school for nearly two weeks after *atropia* is put into its eyes. The long delay, too, of the final examination, together with other annoyances, is removed by substituting *homatropine* for *atrop. sulph.* In most instances a one-half per cent. solution will answer all purposes; it is strong enough to produce the desired enlargement of the pupil in fifteen or twenty minutes, and to paralyze the accommodation in thirty or forty minutes. If, as stated by Prof. Ladenburg, its discoverer, *homatropine* is really non-poisonous, and consequently not likely to produce constitutional disturbances like *atropia* and *duboisia*, it has an additional advantage over its rivals, and may justly be placed at the head of the list of mydriatics.

#### FEEDING-BOTTLES AS A FACTOR IN THE PRODUCTION OF INFANTILE DISEASES.

—Wasting, associated with symptoms of gastro-intestinal irritation, is met with, particularly, so far as my experience goes, where the variety of feeding-bottle is used which have, in place of a plain gum nipple, an arrangement of fine glass and rubber tubing, the glass tubing extending quite to the bottom of the bottle. The child, left to itself, is apt to continue suction long after the bottle is exhausted, and the tubing can never be kept clean. In bottles provided with a simple nipple, on the contrary, the milk was nearly always perfectly sound, and the nipple itself clean. This difference is obviously due to the fact that, in the old-fashioned instrument the nipple is easily removed and as readily inverted and thoroughly cleansed, but in the other there is no way of thoroughly cleansing the twelve or more inches of fine tubing, so that the milk clinging to the interior soon undergoes decomposition, and quickly inaugurates change in the next charge of milk placed in the bottle. It is evident that a constant supply of milk thus rendered acid and partially curdled must, like an excess of farinaceous or other unsuitable food, produce irritation of the mucous membrane of the alimentary canal, interfere with the processes of nutrition, and lead to a state in which the features of wasting and disordered nutrition are combined. (Dr. L. Starr, in *Chicago Med. Jour. and Exam.*, Dec., 1880.)

**FIBROMA UTERI—SEPTICÆMIA—DEATH.**—The following interesting case was reported to the Anatomical Society (*Le Prog. Med.*): The patient, age 47 years, was admitted to the hospital, having the appearance of a vigorous constitution, and giving a history of healthy ancestors. She had complained for some time of slight distress in the abdomen, but it was not until 5 or 6 months before that it had proven severe. At that time the abdomen had begun to increase in volume, the pains became more intense, and a continuous hæmorrhage was established. On her admission to the hospital she presented the signs of a profound anemia: General debility, face discolored, palpitations, murmurs in the vessels of the neck, profuse hæmorrhage. The mouth of the uterus was closed and unulcerated. The uterus was very large and extended several finger-breadths above the pubis; it was regularly developed. The diagnosis of a uterine fibroid was given. After a few days the pains became more intense and of an expulsive character. In a short time she expelled a large mass from the uterus, having a penetrating gangrenous odor. The mass was soft, compressible, of a brownish gray color, interspersed with light spots and dark lines; it had the appearance of an old and degenerated placenta. The resemblance was so great that the idea of a retained placenta presented itself. Within the os which was slightly opened, the mass could be seen extending deeply into the uterine cavity. After moderate but ineffectual traction, M. Le Dentu incised the mass as high as possible. During the several succeeding days it was necessary to cut off other masses, when the patient was suddenly seized with a severe chill followed by all the symptoms of an acute peritonitis. Death took place fourteen days after her admission to the hospital. At the autopsy the abdominal cavity, especially in the right iliac fossa, was found to contain a large quantity of a purulent liquid; there were numerous adhesions of the intestines. At the point of entrance of the right fallopian tube into the uterus, there was an abscess the size of a walnut, imbedded deep into the walls of the uterus and opening into the peritoneum; the right tube was filled with pus. There was nothing abnormal about the left tube nor in the broad ligaments. The uterus measured 14 cm. in length and 12 cm. at greatest width, and was filled with a fetid putrid-laginous mass similar to the expelled products. The latter had been pronounced, on examination, to contain all the histological characteristics of uterine fibromata. The extensive implantation of the tumor rendered rapid enucleation difficult, if not impossible. Its slow elimination gave rise to the collection of a large amount of gangrenous products in the uterus which had been carried into the peritoneum by the fallopian tube. Would it not be possible, in an analogous case, to attack directly the gangrenous centre by antiseptic intrauterine injections?—(T. M. S.)

**REMOVAL OF SIX AND A HALF FEET OF INTESTINE.**—M. Koerberlé, (*Le Prog. Med.*) performed the above operation with a successful result. From personal observations and the history of analogous operations, he draws the following conclusions: First, the resection of the intestine can be made to the extent of two metres and even beyond, without causing any appreciable trouble in the digestive functions; Second, practiced under suitable conditions, this operation can be considered a permissible one; Third, the operation may be concluded: (a) either by uniting directly by suture the two ends of the intestine and closing the abdominal wound; or (b) by establishing an artificial anus with subsequent enterotomy; or (c) by making an incomplete suture together with an artificial anus. The second and third modes offer the least exposure to subsequent dangers. Fourth, the resection of the fibrous cicatricial contractions which are probably more frequent than is generally supposed, is followed by a radical cure; the same is true of epitheliomata. On the contrary, the application of resection to cancerous obstructions, permit of only a precarious

temporary ansudment in the condition of the patient, in consequence of the return of the cancerous affection, its metastasis, or the progressive degeneration of the lymphatic glands. Fifth, in maintaining the intestine closed after the operation, the escape of intestinal matter should be prevented for several days, or until the adhesions have become sufficiently solid. By this means also the abdomen does not become too completely relaxed after the operation, and thus the introduction of air or septic liquids into the peritoneal cavity is prevented. In nourishing the patient with aliments as little liquid as possible, the escape of alimentary substances by the intestinal orifice is reduced to a minimum, and the patient is weakened in a less degree. Sixth, by the introduction of liquids directly into the large intestine, or administering drink by the rectum, the water is absorbed as in the normal state and the patient does not suffer from thirst, while at the same time the escape of digested liquids from the intestine is less considerable and gives less of annoyance.—(T. M. S.)

**DEATH FROM HYSTERIA.**—M. Reynaud (*Le Prog. Med.*) reports the case of a woman, 35 years of age, whom he had had under his care for several years. At different times she had presented paroxysms of hysteria, one of these taking a hydrophobic character. She had also suffered from eczema of the legs and curvature of the nails. Eight days before the patient was seized with fever, and a fixed pain, aggravated by pressure, at the vertebra prominens. Stiffness of the neck, and trismus without any motor disturbance in the limbs, was followed by spasms of the pharynx having the character of the spasms of hydrophobia. Finally we had intermittent contraction of the diaphragm, failure of the pulse, cyanosis, and death during an aggravated attack of dyspnoea. He was inclined to assign the cause of the death to hysteria, rather than to tetanus or hydrophobia. The urinary secretion had not presented anything abnormal. During the discussion on this report, cases of death occurring in hysterical patients were mentioned where the kidneys were found atrophied and sclerosed. It was also suggested that the case presented all the symptoms of a bulbar paralysis referable to an ascending spinal meningitis. One case had been seen where this condition had occurred in an old case of hysteria, but the hydrophobic spasm was not present. In two analogous cases occurring in men, where hysteria was not the cause, death had resulted from cervical meningo-mycelitis. A young girl attacked with suppurative meningitis of the base of the brain and the spine, presented all the symptoms of the case reported. M. Reynaud replied that the patient had the morphine habit, and asked if the abuse of this drug would increase the excito-motor power of the spine. (T. M. S.)

**PHENYL-SULPHATE OF SODA.**—M. Rabuteau (*Le Prog. Med.*) has obtained this substance by the action of sulphuric acid upon phenic acid. It forms a new acid in which an atom of H is replaced by the phenyl radical. It presents, when pure, the appearance of a white salt, with a saltish taste, leaving behind, however, a sweetish flavor; it is soluble in water. Five grammes to forty grs. of water, injected into the vein of a dog produced constipation; on the contrary, ten grs. when swallowed, acted as a purgative. The smallest trace of the salt, in the urine, can be detected by the perchloride of iron, which gives a beautiful violet coloration. For a quantitative analysis it is necessary to cause a precipitate by means of the salt of Bergum, in order to eliminate the sulphates, then filter and boil in a filtered liquid with chlorate of potassa and hydrochloric acid; under this double action the salt is separated into a sulphate, which is thrown down by the chloride of Bergum, and into a yellow substance containing sulphur and recalling chlorine. The salt is eliminated almost unchanged in the urine, and being an antiseptic and unalterable, ought to render good service in fetid diarrhoeas.—(T. M. S.)



### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The thirty-fourth session of this great national medical organization will be held at Brighton Beach, near the City of New York, June 14 to 18 inclusive.

Of the attractions of this now popular sea-side resort it would be superfluous to speak. It is only necessary to say that by the efforts of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esq., proprietor of Hotel Brighton, to entertain the members of the Institute and their friends, who may attend the meeting, in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure-seeker and sight-seer alone, the beauties of Brighton Beach will well repay the tourist a trip across the continent; not to mention the attractions of New York City—its Parks, Egyptian Obelisk, Hell-gate Channel, Elevated Railroads, Brooklyn Bridge, etc.

From present indications, the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully-prepared papers, and reports from the various bureaus and committees; while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim* by expert shorthand writers, and will appear in full in the Transactions, as an appendix to the papers of each bureau; thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June, 1880), the Committee of Publication has printed (including two vols. of 1876) over *three thousand five hundred* octavo pages, or four volumes, averaging about *eight hundred and seventy-five pages each*; the matter methodically arranged, neatly printed, carefully indexed, and *three* volumes substantially bound in cloth and delivered to members, *not in arrears* to the Treasurer, without individual expense.

The Institute has a record of which not only its members, but the profession as a whole may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school; while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to anyone conversant with the history of homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associated action.

In conclusion, we most earnestly appeal to every eligible homœopathic physician in the United States to join in earnest, practical work in the interests of medical science, by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and should either circumstances or choice prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the Transactions, which will yield you *two-fold* the value of your pecuniary investment.

J. C. BURGER,  
General Secretary.

DRS. A. C. PETERSON, E. V. Moffat, J. L. Moffat, W. F. Wilson, and E. C. Brown were graduated at the twenty-ninth commencement of the N. Y. Ophthalmic Hospital, on April 7th.

REMOVALS.—Dr. C. Th. Liebold to 1271 Broadway, corner of 32d St. (Bank Building). B. G. Carleton to 203 W. 34th St. W. L. Fleming to 243 W. 34th St. W. J. Baner to 234 Madison Ave. H. M. Hitchcock to 37 W. 50th St. T. D. Bradford to 15 W. 48th St. D. B. Hunt to 102 W. 29th St. Mrs. J. G. Brinkman to 219 W. 23d St. C. L. Bagg to Scranton, Pa.

AN ELECTRICAL PROBE.—M. Trouve, the well-known Parisian instrument maker, has opened up a fertile field of invention by applying electricity to surgical requirements. His polyscope for lighting up inaccessible cavities of the body, by means of a small platinum spiral rendered incandescent by the electric current, has been generally adopted by scientific dentists; and his new electric probe is likely to be useful also. It consists of two metal stems placed side by side, but separated by an insulator, and terminated by two very fine sharp points. Conducting wires are connected to the butt ends of these two blades, and include in their circuit a small inverting battery and a tiny trembler bell. When the probe comes in contact with a metallic body in the wound, say a ball or a spark of metal, the circuit is completed across its points and the bell is rung, thereby announcing contact to the operator. The conductivity of bone, wood, or flesh is too feeble to make the bell ring; but a fragment of metal serves at once to do so. Lead can be distinguished by the continuous ringing which it gives, owing to the penetration of the points into its mass; while iron or copper gives a jerky sound, and the approach of a light astatic magnet suspended by a wire without torsion will enable the surgeon to tell iron from copper.

The same arrangement has been applied by M. Trouve to surgical forceps for extracting foreign bodies out of wounds, and the surgeon is informed by the trembler that he holds the body in their grasp. A recent notable case of extracting a steel spark from the eye of a Berlin workman by means of electro-magnetism deserves mention. The eye had become very much inflamed, and it was necessary either to extract the mote without delay or remove the eye itself. Dr. Hirschberg, a Berlin oculist, succeeded in the former plan by inserting a soft iron probe into the eye until it touched the mote, and then by magnetizing the probe with the help of an electro-magnetic coil he was able to draw the dangerous intruder forth.

COOKING BY ELECTRICITY.—Of the many curious things certain to be seen at the forthcoming exhibition of electricity at Paris, not the least remarkable will be the electrical cooking range of M. Salignac. That ingenious gentleman is going to fit up his apparatus in the grill room of the restaurant, and intends to furnish a great variety of meats which have been cooked by heat generated from the electric current. At the last Paris exhibition, M. Mouchot roasted mutton in condensed sunshine, and literally turned his spit on the hearth of the sun; but an enthusiastic admirer might say that M. Salignac had far surpassed this in broiling steaks by lightning and warming coffee with the aurora borealis. As a matter of fact the electric current is as well-fitted to produce heat as it is to produce light, and just as electricity will, in all probability, be made to yield the principle artificial light of the future, so will doubtless it be applied to household heating. The same machines which light the house by night will heat and cook by day, besides performing other duties, such as driving a coffee mill or a sewing machine.

THE Bureau of General Sanitary Science, etc., of the American Institute of Homœopathy, will discuss at the meeting in June next, the subject of "Personal Hygiene," and its relation to (1) medication; (2) as to the air breathed; (3) as to the dwelling occupied; (4) as to habits formed; (5) as to district inhabited; (6) as to clothing worn; (7) as to fluids drank; (8) as to food eaten; (9) as to business followed. Dr. B. W. James, chairman, will introduce the subject with a paper on the progress of sanitary affairs during the year.

THE Hahnemann Medical Association, of Iowa, will hold its 12th annual meeting at Ottumwa, May 19th and 20th prox.

ERRATA.—In Dr. Price's article (Clinical Cases, p. 349) in our February number, read *Sticta pulm.* for *St.* instead of *IX*.